

Name in Full Harriet Ann Adams		CERTIFICATE OF DEATH	
Died at Town Frederick		County Frederick	
Date of death 1907 Aug. 27		Age 66	
Sex Female	Color or Race Black	Birthplace W. Co. Md.	Months 11 Days 11
Occupation Housewife	Where Residing if not at place of death Race of Death		
Married, Single or Widowed Married	Name of Wife or Husband William Henry Adams		
Father's Name Henry Spitznberger	Father's Birthplace Md.		
Mother's Maiden Name Catherine Roberson	Mother's Birthplace Md.		
Name of person giving information Wm Henry Adams	How related to deceased Husband		
CAUSES OF DEATH			
Primary Paralysis	66	How long Six weeks	
Immediate Asthma		How long 3 days	
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician S. B. Haffner, M.D.		
	Address Frederick, Md.		
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment Aug 29-07

" at Greenmount

Thomas P. Rice

Name
in
Full

William V. Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i> ^{Town}		<i>Fred</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>8</i> ^{Month}	<i>8</i> ^{Day}	Age <i>—</i> ^{Years}	<i>8</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Emmitsburg</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>C. Felix Adams</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Nora Karchoff</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>C. Felix Adams</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>2 days</i>
Immediate <i>Spasms</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Richelberger</i>
	Address <i>Emmitsburg</i>
Accident or Suicide?	<i>1st</i>



Name
in
Full

Ethel May Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town

County

MARYLAND

Died at

Brunswick

Frederick

Date

Month

Day

Years

Months

Days

of death

1907 Aug 31

Age

6

2

Sex

Female

Color or
Race

white

Birth-
place

Brunswick

Occupation

none

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Chas Allen

Father's
Birthplace

Md

Mother's
Maiden Name

Etta Haffner

Mother's
Birthplace

Va

Name of person giving
Information

Chas Allen

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

marasmus

How long

3 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

A. B. Horne

Brunswick

Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Clarence Franklin Bare

MARYLAND

Died at ^{Town} Frederick^{County} FrederickDate of death 1907 ^{Month} Aug.Day 11Age —Years —Months 6Days —Sex MaleColor or
Race WhiteBirth-
place FrederickOccupation —Where Residing if not
at place of death at place of deathMarried, Single
or Widowed SingleName of Wife or
Husband —Father's
Name Harry BareFather's
Birthplace Frederick Co.Mother's
Maiden Name Margaret BurekMother's
Birthplace FrederickName of person giving
Information Harry BareHow related
to deceased Father

CAUSES OF DEATH

Primary Cholera InfantumHow long 17 hoursImmediate ExhaustionHow long same 4 hrsAre the name, age, sex, color, date
and place correctly given above? yesSignature of
Physician LabmenAddress 78 East Church St
Frederick mdAccident or Suicide? —TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

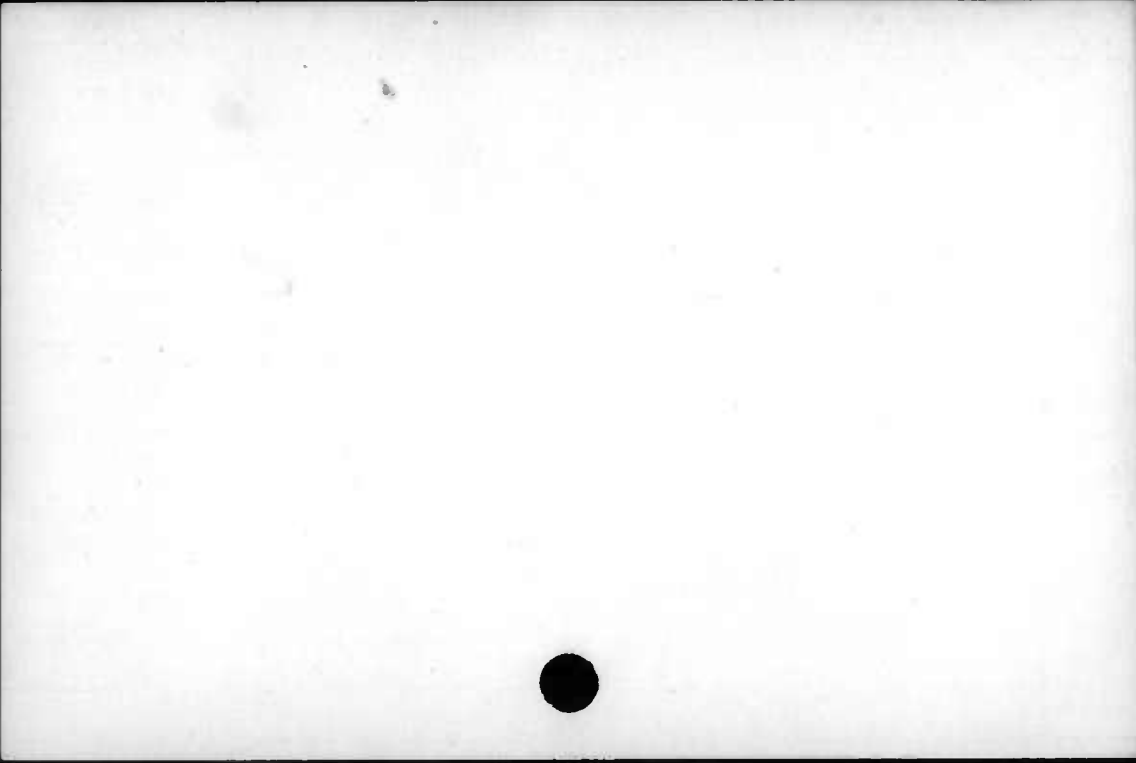
Died at <i>Rocky Ridge</i> Town <i>Frederick</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>Aug</i> Day <i>30</i>	Age <i>42</i> Years	Months <i>5</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Rocky Ridge Md</i>	
Occupation <i>Telegraph Operator</i>	Where Residing if not at place of death <i>2</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sophie E. Chapman</i>		
Father's Name <i>Joshua Biggs</i>	Father's Birthplace <i>Rocky Ridge Md</i>		
Mother's Maiden Name <i>Phoebe Morrison</i>	Mother's Birthplace <i>Emmitsburg Md</i>		
Name of person giving information <i>Sophie E. Biggs</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis, Chronic Nephritis</i>	How long <i>Five years.</i>
Immediate <i>Hemiplegia.</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. C. Chapman</i>
	Address <i>Thurmont, Md.</i>
Accident or Suicide? <i>No</i>	



Name

in
Full

CERTIFICATE OF DEATH

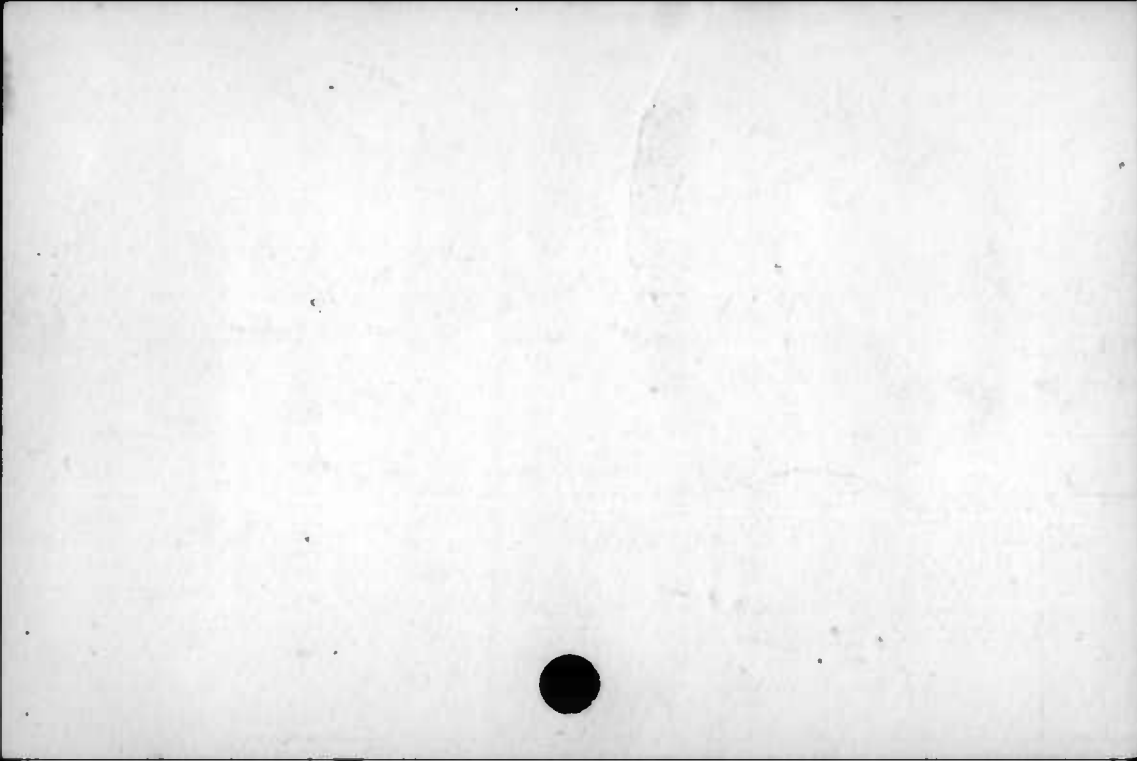
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Linganore</i> ^{Town}		<i>Predick</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Year}	<i>Aug.</i> ^{Month}	<i>9</i> ^{Day}	Age <i>X</i> ^{Years}	<i>X</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>At place of death</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X —</i>				
Father's Name <i>Charles Black</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Marian Bart-</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Mr. Marion B. Bales</i>	How related to deceased <i>In no way</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemorrhage</i>	<i>83</i>	How long <i>about 24 hours</i>
Immediate <i>Exhaustion</i>		How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Sappington & Pearre</i>	
	Address <i>Unionville</i>	
	<i>Maryland.</i>	
Accident or Suicide?		



Name
in
Full

Pauline E. Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

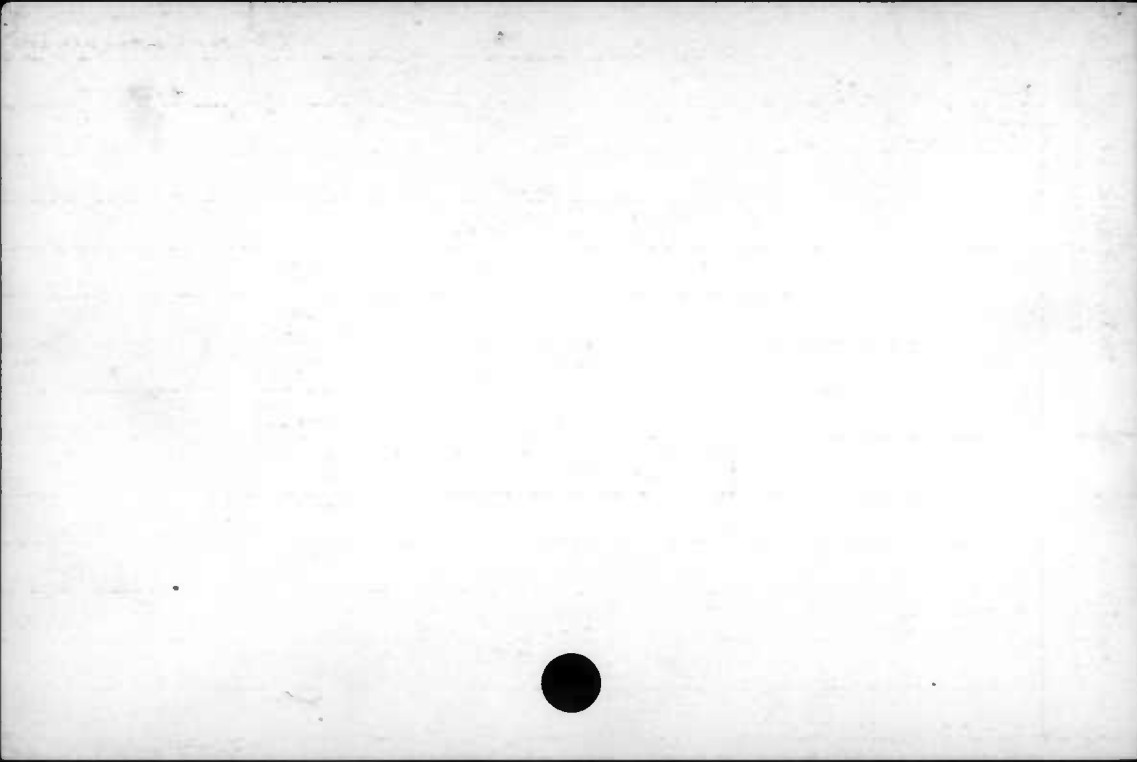
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Aug	1	Age	6		
Sex	Female	Color or Race	White	Birth-place	Baltimore		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		W. N. Bowers			Father's Birthplace		
Mother's Maiden Name		Mary E. Bowers			Mother's Birthplace		
Name of person giving information		W. N. Bowers			How related to deceased		
					Father		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	3 days
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		A. G. Horner	
		Address	
		Baltimore	
Accident or Suicide?		med	



Name
in
Full

Harry Meredith Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indiana</i>		Town <i>Indiana</i>		County <i>Indiana</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>8</i>		Day <i>7</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		Months <i>6</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Mrs Mary Brown</i>		How related to deceased <i>Father Mother</i>					

CAUSES OF DEATH

105°

PHYSICIAN
OR CORONER

Primary <i>Indigestion -</i>		How long <i>Some or few weeks</i>	
Immediate <i>Enteric Colitis</i>		How long <i>2 or 3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. M. Smith</i>	
		Address <i>Indiana (Md)</i>	
Accident or Suicide?			

Interment
Catholic Grave Yard
City -

C C Carty

Name
In
Full

Margaret G. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

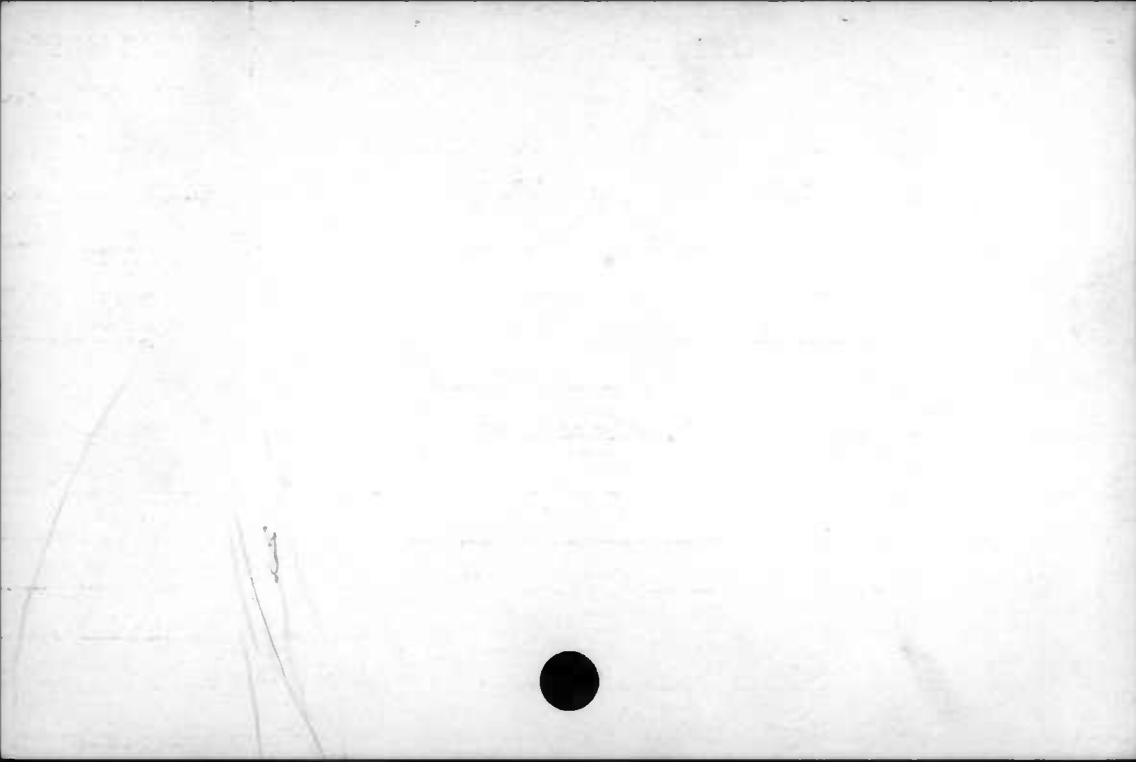
Died at <u>Sabillasville</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death	190 <u>7</u> ^{Month}	<u>8</u> ^{Day}	Age <u>81</u> ^{Years}	<u>7</u> ^{Months}	<u>6</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Popple</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>at place of death</u>				
Married <u>Single</u> <u>widowed</u>	Name of Wife <u>Husband</u> <u>John M Brown</u>				
Father's Name <u>Geo. P. Fox</u>	Father's Birthplace				
Mother's Maiden Name <u>Sophiah Buzzard</u>	Mother's Birthplace				
Name of person giving information <u>Luther Breager</u>	How related to deceased <u>No relation</u>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>Senile degenerative from age</u>	How long <u>not known</u>
Immediate <u>Cerebral hemorrhage & paralysis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>6 L. Wichter</u>
<u>Yes</u>	Address <u>Sabillasville</u>
Accident or Suicide? <u>neither</u>	<u>Maryland</u>



Name
in
Full

Thos. A. Cannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brunswick <small>Town</small>		Fredrick <small>County</small>		MARYLAND	
Date of death 1907 <small>Month</small> Aug <small>Day</small> 8		Age 7 <small>Years</small>		Months 1 <small>Days</small> 7	
Sex male		Color or Race white		Birth-place Ind	
Occupation —		Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name W. J. Cannon		Father's Birthplace Ind			
Mother's Maiden Name Sallie J. Willie		Mother's Birthplace Ind			
Name of person giving information W. J. Cannon		How related to deceased father			

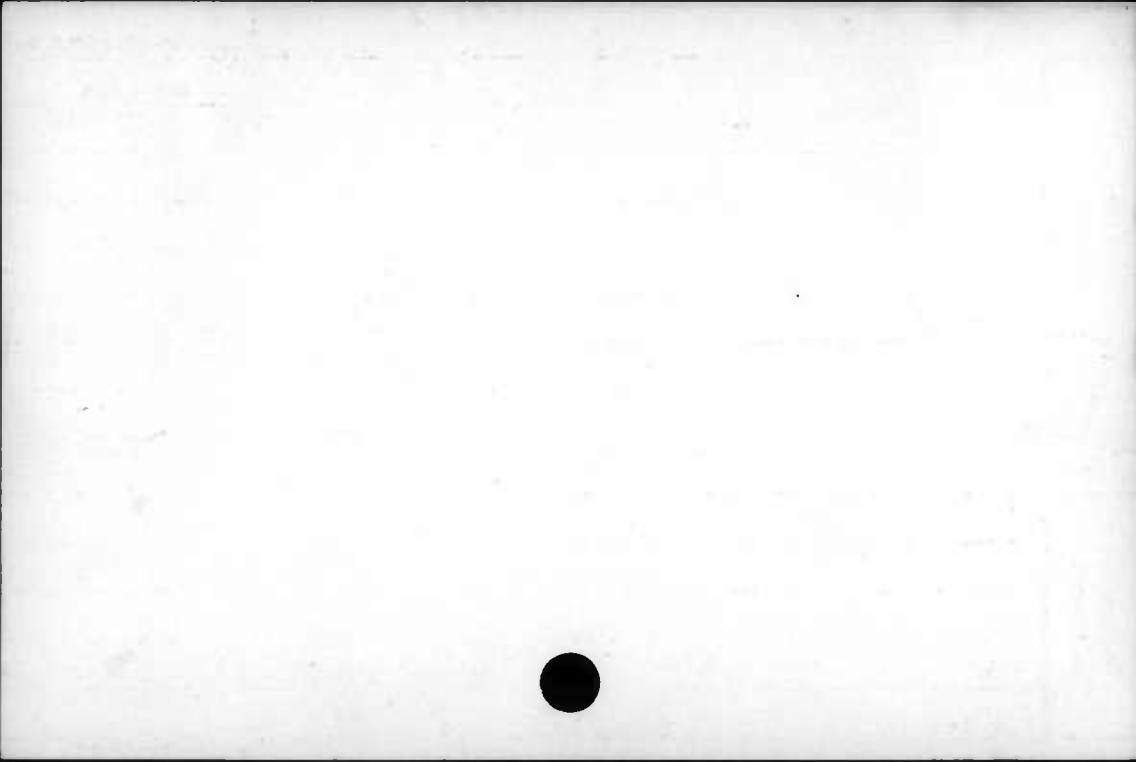
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Interstia		How long 1 wk	
Immediate & exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Lenin Frost	
		Address Brunswick Fredrick Co	
Accident or Suicide?			



Name in Full		Ethel May Chipley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tcwn <i>Stalkersville</i>		County <i>Fredrick</i>		MARYLAND	
	Date of death	1907	Month <i>aug.</i>	Day <i>2</i>	Age <i>—</i>	Months <i>5</i>	Days <i>17</i>
	Sex	<i>Female</i>		Color or Race	<i>White</i>		
	Occupation				Birth-place	<i>Stalkersville</i>	
				Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		<i>Charles Chipley</i>			Father's Birthplace <i>Fredrick County</i>	
Mother's Maiden Name		<i>Lillie Bowests</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information					How related to deceased		
		CAUSES OF DEATH				105-	
PHYSICIAN OR CORONER	Primary	<i>marasmus</i>			How long <i>2. months</i>		
	Immediate	<i>cholera Infantum</i>			How long <i>4 days</i>		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>John L. Remsburg</i>		
					Address <i>Stalkersville</i>		
					<i>Maryland</i>		
Accident or Suicide?		<i>—</i>					



Name
in
Full

CERTIFICATE OF DEATH

John H. Danner Jr.
Town *Brunswick* County *Frederick*

MARYLAND

Died at *Brunswick*
Date of death *1907 Aug 15* Age *3* Months *2* Days

Sex *male* Color or Race *white* Birthplace *Buck Md.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *John H. Danner Sr.* Father's Birthplace *Frederick, COMD*

Mother's Maiden Name *Mary L. Holmes* Mother's Birthplace *Wash. Co. Md*

Name of person giving information *Chas H Dett* How related to deceased *None*

CAUSES OF DEATH

93

Primary *Pneumonia single* How long *about 2 or 3 days*

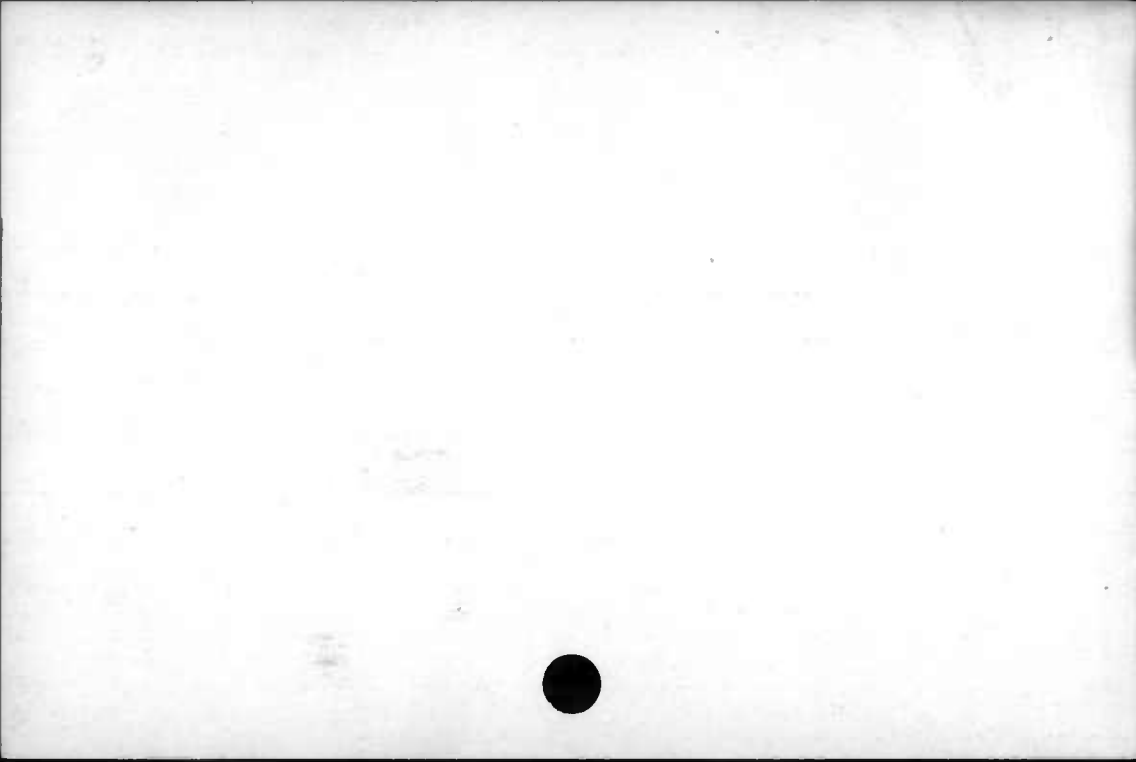
Immediate _____
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. Franklin Schamuel MD*
Address *Brunswick Md.*

Accident or Suicide? _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Albert F. Davis

CERTIFICATE OF DEATH

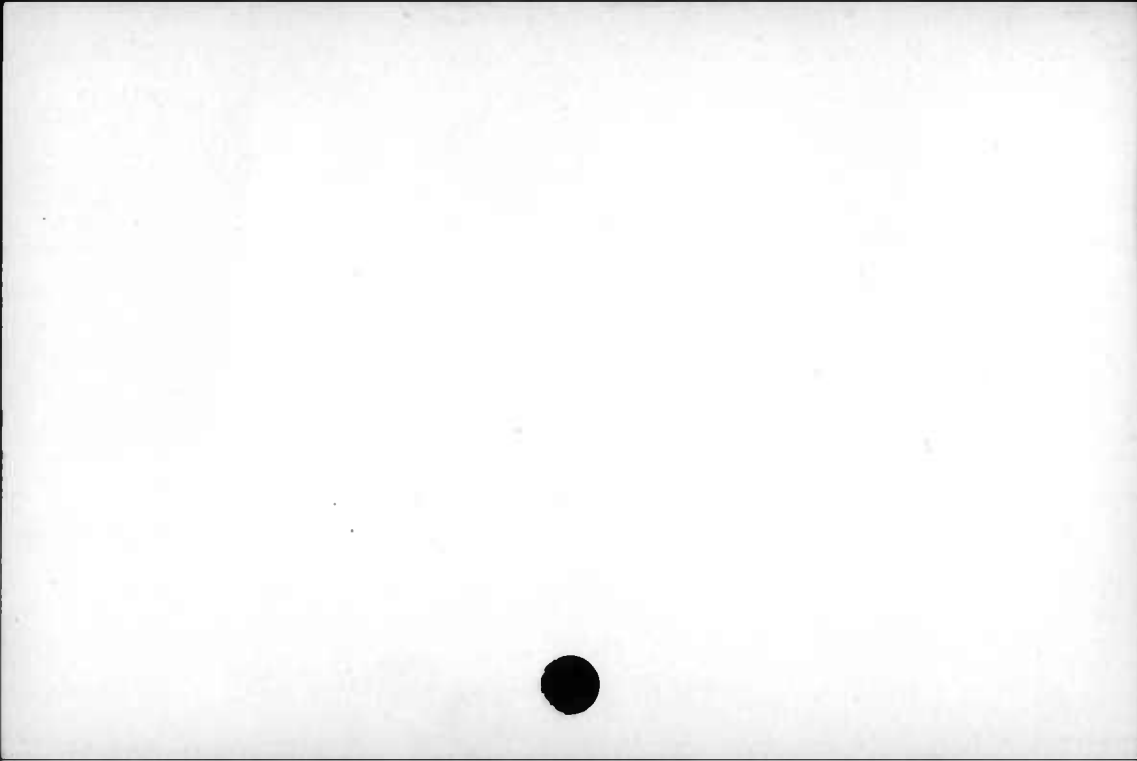
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredricks</i>		County <i>11</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>29</i>	Age <i>47</i>	Months <i>9</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>X</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>William Davis</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Grace Brown</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Grace Brown Davis</i>	How related to deceased <i>mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	<i>151</i>	How long <i>4 mos</i>
Immediate <i>Asthma</i>		How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. F. Gooden, M.D.</i>	Address <i>Fredricks, MD</i>
Accident or Suicide? <i>MD</i>		

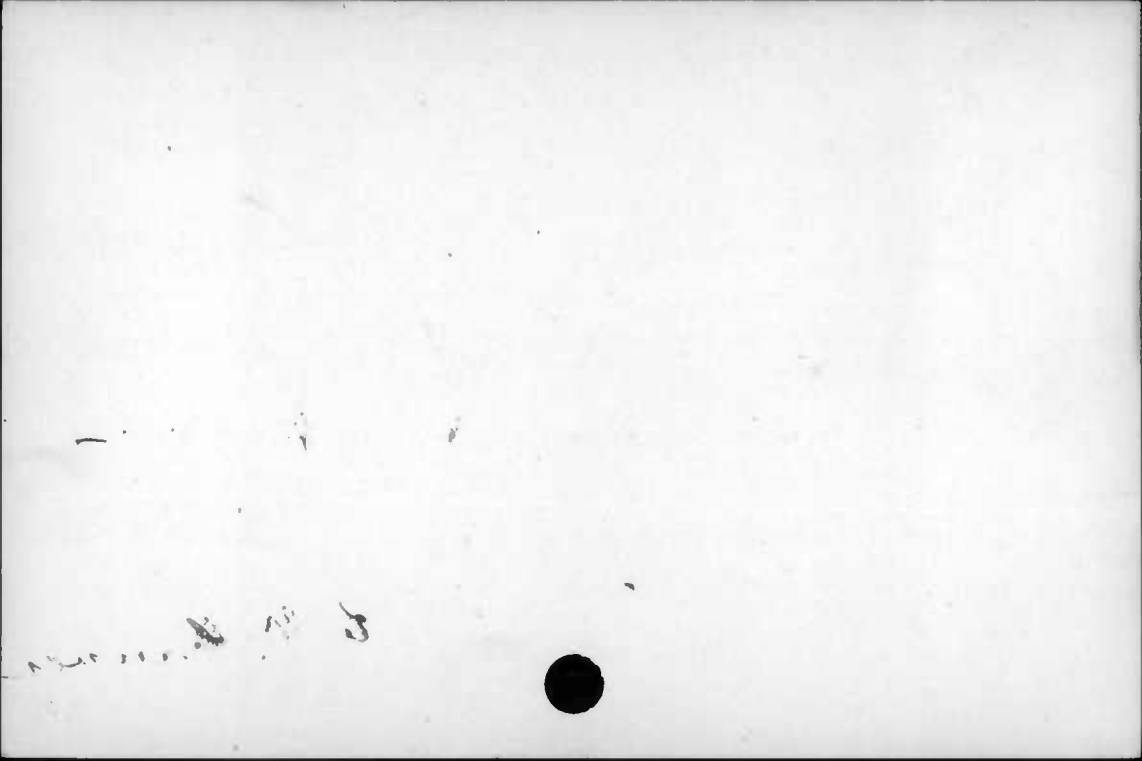


Name in Full Jacob D. Sinterman		CERTIFICATE OF DEATH	
Died at ^{Town} Stalkersville ^{County} Frederick		MARYLAND	
Date of death 1907 ^{Month} Aug. ^{Day} 24 ^{Years} Age 76		^{Months} ^{Days}	
Sex Male Color or Race White		Birth-place Frederick Co.	
Occupation Farmer Where Residing if not at place of death Stalkersville			
Married, Single or Widowed Married Name of Wife or Husband Ellen Sinterman			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information Jonas Eyler		How related to deceased Son-in-law	
CAUSES OF DEATH			
Primary General Debility		How long Six months	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John J. Remsburg M.D.	
		Address Stalkersville, Md.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

179



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Frank Donald

Died at ^{Town} Middletown ^{County} Fredk.

MARYLAND

Date of death 1907 Aug 28 Age 31 7 Months 15 Days

Sex Male Color or Race White Birth-place Md.

Occupation Salesman Where Residing if not at place of death Balto. Md.

Married, Single or Widowed Name of Wife or Husband

Father's Name James Donald

Father's Birthplace

Mother's Maiden Name Margaret Freese

Mother's Birthplace

Name of person giving information R. Donald

How related to deceased Bro.

CAUSES OF DEATH

Primary Tuberculosis (27)

How long Dont know

Immediate Tuberculosis

How long One wk.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician R. V. Hauser Address Middletown Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Indue		Indue		MARYLAND						
		Date of death		1907	Month	Aug	Day	22	Age	52	Years	9	Months	Days
		Sex		Female		Color or Race		White		Birthplace		Maryland.		
		Occupation		Housewife		Where Residing if not at place of death		X						
		Married, Single or Widowed		Married		Name of Wife or Husband		Joseph. J. Douglas.						
		Father's Name		Daniel Field		Father's Birthplace		New York						
		Mother's Maiden Name		Nanette P Wright		Mother's Birthplace		Dorchester Co. Md						
Name of person giving information		L. D. Douglas		How related to deceased		Husband								
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary		Appendicitis		How long		Do not know.						
		Immediate		Chronic Gastric - Enteritis		How long		3 or 4 years.						
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. B. Thum						
						Address		Indue						
		Accident or Suicide?												

lolo

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

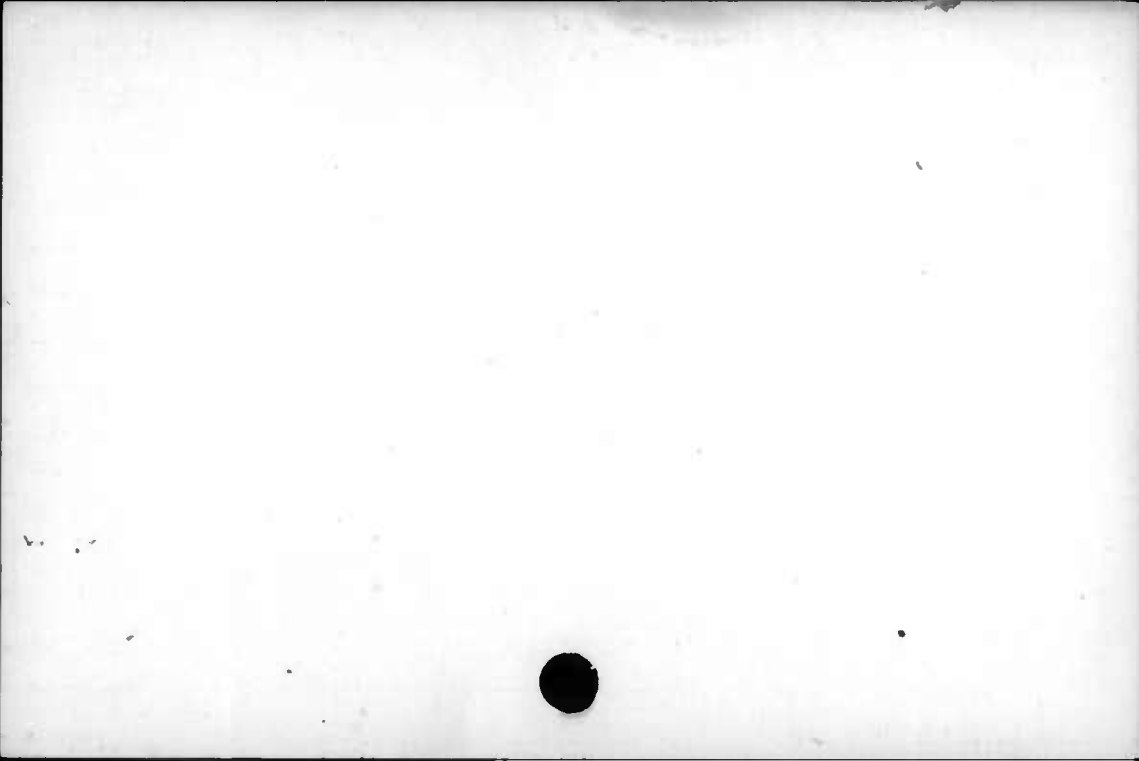
Name in Full <i>Sarah Elizabeth Eyles</i>		Town <i>Thurmont</i>		County <i>Fredricks</i>		MARYLAND	
Died at <i>Thurmont</i>		Month <i>7th Aug</i>		Day <i>13</i>		Years <i>67</i>	
Date of death <i>1907</i>		Month <i>7th Aug</i>		Day <i>13</i>		Years <i>67</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredricks Twp. Md</i>		Months <i>13</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Thurmont</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Eyra Eyles</i>					
Father's Name <i>Leonard Phoxen</i>		Father's Birthplace <i>Fredricks Twp. Md</i>					
Mother's Maiden Name <i>Harvey</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Thos Eyles</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

PHYSICIAN,
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>6 years</i>
Immediate <i>Heart Failure</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Stefano</i>
	Address <i>Thurmont, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

215 E 6th St

CERTIFICATE OF DEATH

Thelma M. E. Feigley

Town

County

Died at Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

8

27

Age

—

4

6

Sex

Female

Color or
Race

White

Birth-
place

City

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Earl Feigley

Father's
Birthplace

Fredericks

Mother's
Maiden Name

Adella Fogle

Mother's
Birthplace

"

Name of person giving
In formation

Mor Feigley

How related
to deceased

Father

CAUSES OF DEATH

Primary

Maasimus

105

How long

6 mos

Immediate

Enteric Colitis

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Frank Heigley

Address

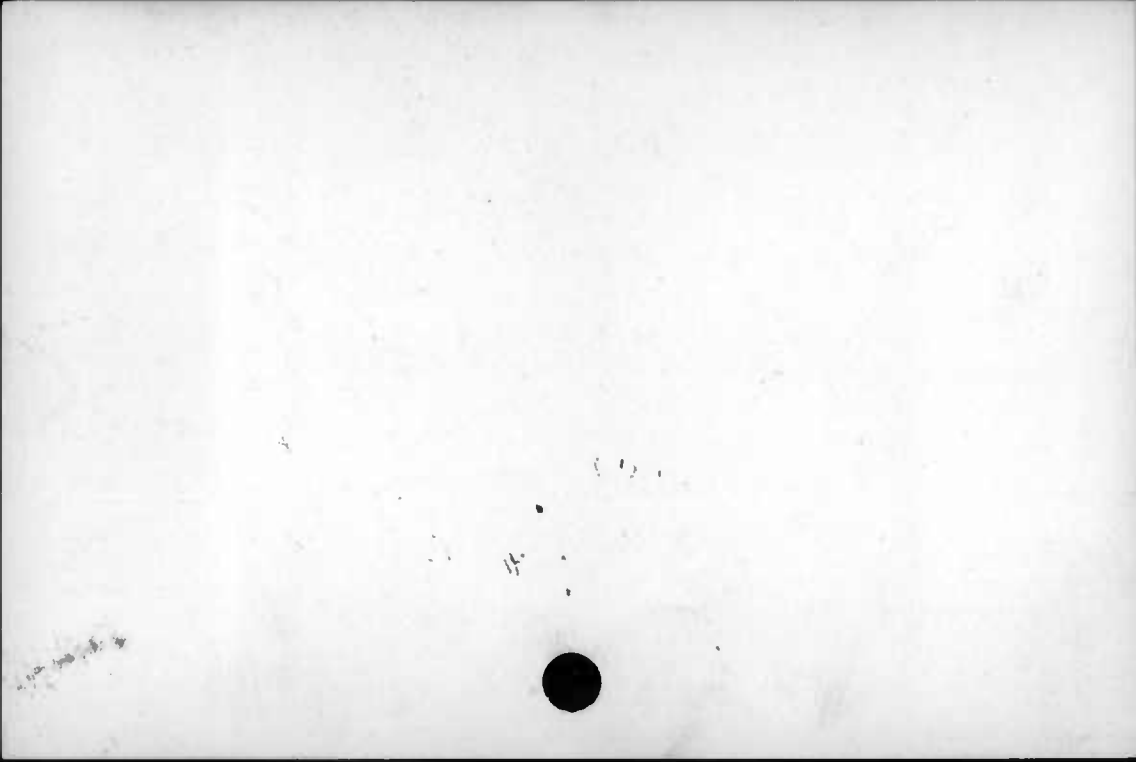
Fredericks

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

John R. Fitzsimmons

Town

Buckeysville

County

Gmel.

MARYLAND

Died at

Date

of death 1907

Month

8

Day

13

Age

Years

Months

10

Days

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

J. R. Fitzsimmons

Father's
Birthplace

Md.

Mother's
Maiden Name

Lucy Resler

Mother's
Birthplace

Md.

Name of person giving
information

J. R. Fitzsimmons

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

2 weeks

Immediate

Erasation

How long

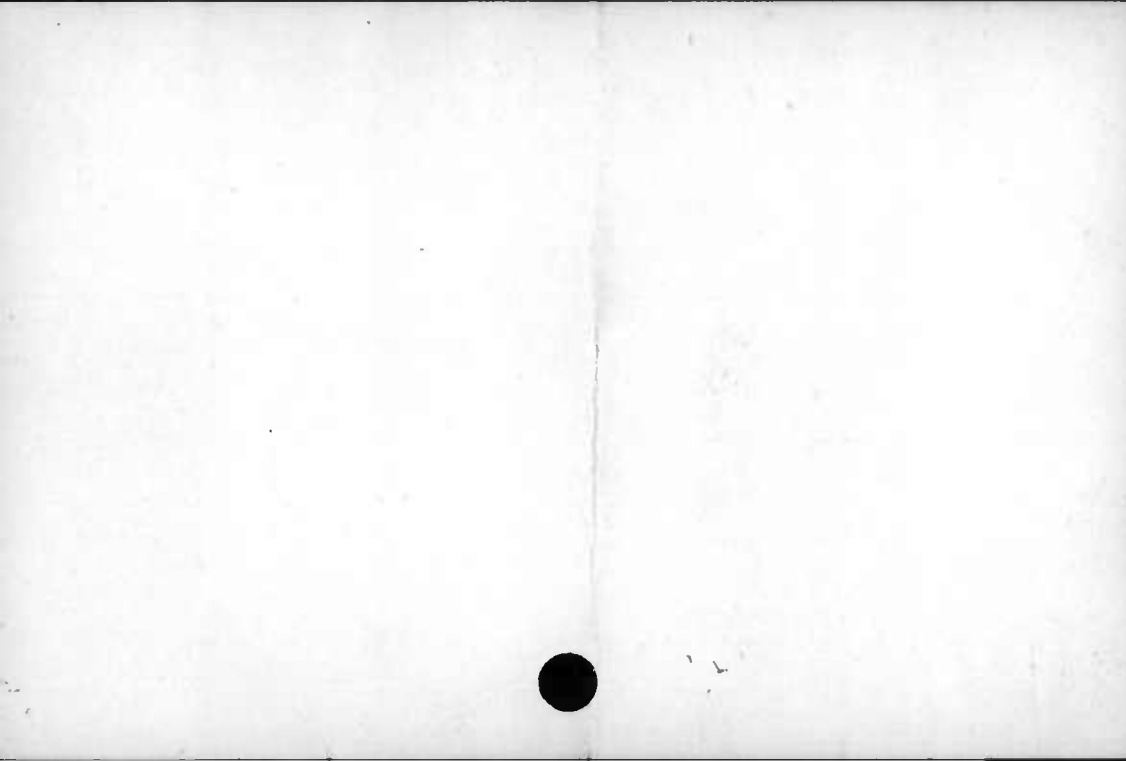
24 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

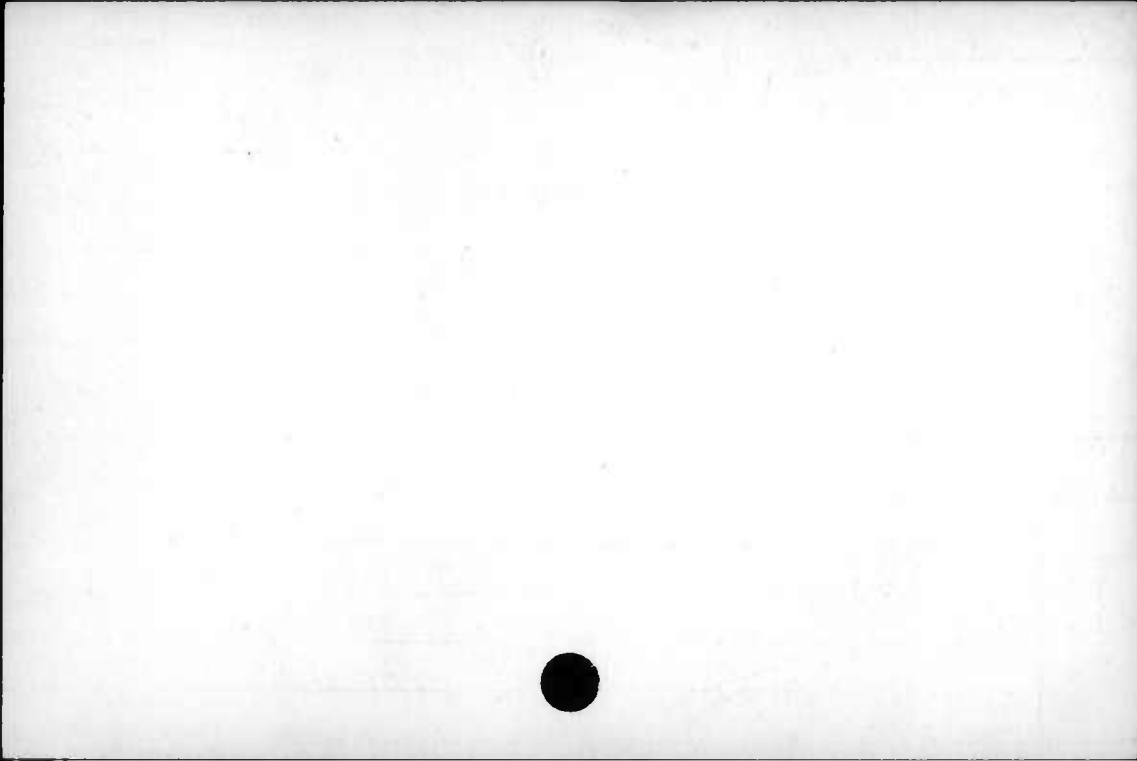
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907 Aug.		16	16	67	0	16	
Sex	Male	Color or Race	White		Birthplace	Thurmont	
Occupation	Carpenter		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Laura Wolf							
Father's Name	George Freshman				Father's Birthplace	Calcutta	
Mother's Maiden Name	Barbara				Mother's Birthplace	"	
Name of person giving information	Wm Freshman				How related to deceased	Son	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	10 yrs
Immediate	Diphtheria & pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		M.A. Birch	
Address		Thurmont - Md.	
Accident or Suicide?		—	



Name in Full		MARGARET O GEMMILL				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		STATE <i>MARYLAND</i>
	Date of death <i>1907</i>		Month <i>8</i>	Day <i>22</i>	Age <i>67</i>	Years <i>6</i>	Months <i>17</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Ta</i>		
	Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>				
	Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Robert S. Gemmill</i>				
	Father's Name <i>Robert Andrews</i>		Father's Birthplace <i>Ta</i>				
	Mother's Maiden Name <i>Margaret Colver</i>		Mother's Birthplace <i>"</i>				
	Name of person giving information <i>J. N. Gemmill</i>		How related to deceased <i>Son</i>				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">143</div>							
PHYSICIAN OR CORONER	Primary <i>Diabetes</i>		How long <i>18 mo.</i>				
	Immediate <i>Septicemia due to Corfu</i>		How long <i>2 wks.</i>				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank H. Hedys</i>				
			Address <i>Frederick</i>				
Accident or Suicide?							

Interment Aug 24 - 07

" at York Pa

Thomas P. Rice

Name in Full		Hulda M. Hall				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Frederick		Frederick			
Date of death		1907	Month 8	Day 17	Age	Years	Months 8 Days 16
Sex		Female		Color or Race		Black	
Occupation				Where Residing if not at place of death		City Baltimore	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Wm. Hall		Father's Birthplace		Md	
Mother's Maiden Name		Alice Moundlock		Mother's Birthplace		Md Frederick	
Name of person giving information		Mrs Hall		How related to deceased		Mother	
CAUSES OF DEATH							
Primary		Pertussis		(8)		How long 5 weeks	
Immediate		Exhaustion				How long 6 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		M. A. Long	
				Address		Alb	
Accident or Suicide?							



Name
in
Full

Naugh, Mrs Jose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

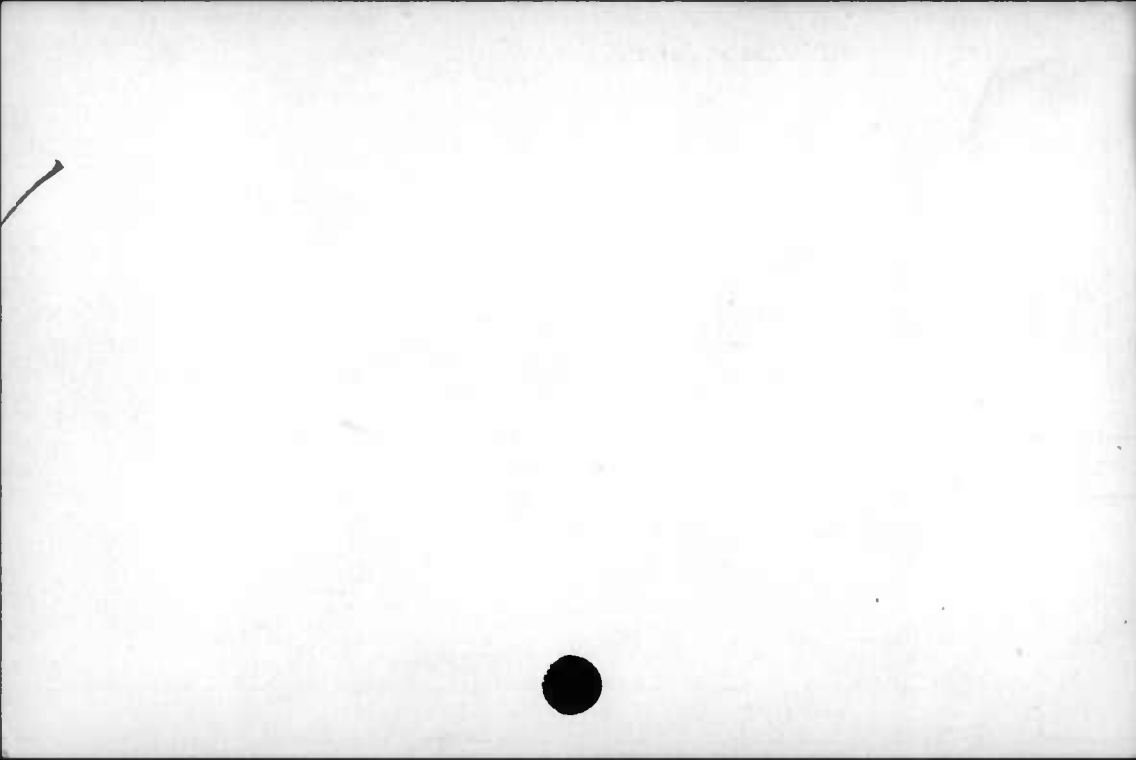
Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>8</i>	Day <i>3</i>	Age <i>31</i> ^{Years}	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Thonia Odabasomi Naugh</i>				
Father's Name <i>Daniel H. Storer</i>	Father's Birthplace <i>—</i>		Mother's Birthplace <i>—</i>		
Mother's Maiden Name <i>Annie E. King</i>	How related to deceased <i>Husband</i>		Name of person giving information <i>Mary Jesse Naugh</i>		

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

Primary <i>Miscarriage & Septic</i>	How long <i>4 weeks</i>
Immediate <i>Peritonitis & Asthenia</i>	How long <i>"do"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. P. Taberney M.D.</i>
	Address <i>Frederick Md</i>
Accident or Suicide <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Foxville</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND	
Date of death <i>1904</i> <small>Year</small>	<i>Aug</i> <small>Month</small>	<i>27</i> <small>Day</small>	Age <i>83</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>12</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Foxville Md</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary Behrman</i> <small>deceased</small>				
Father's Name <i>Christian Hauser</i>	Father's Birthplace <i>Foxville Md</i>				
Mother's Maiden Name <i>Mary Brown</i>	Mother's Birthplace <i>Foxville Md</i>				
Name of person giving information <i>Albert Hauser</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

(164)

PHYSICIAN
OR CORONER

Primary <i>Fracture of Femur</i>	How long <i>8 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. C. Kefauver</i>
	Address <i>Shurmount, Maryland</i>
Accident or Suicide? <i>Accident</i>	

When you meet
you not forgotten

Name
in
Full

CERTIFICATE OF DEATH

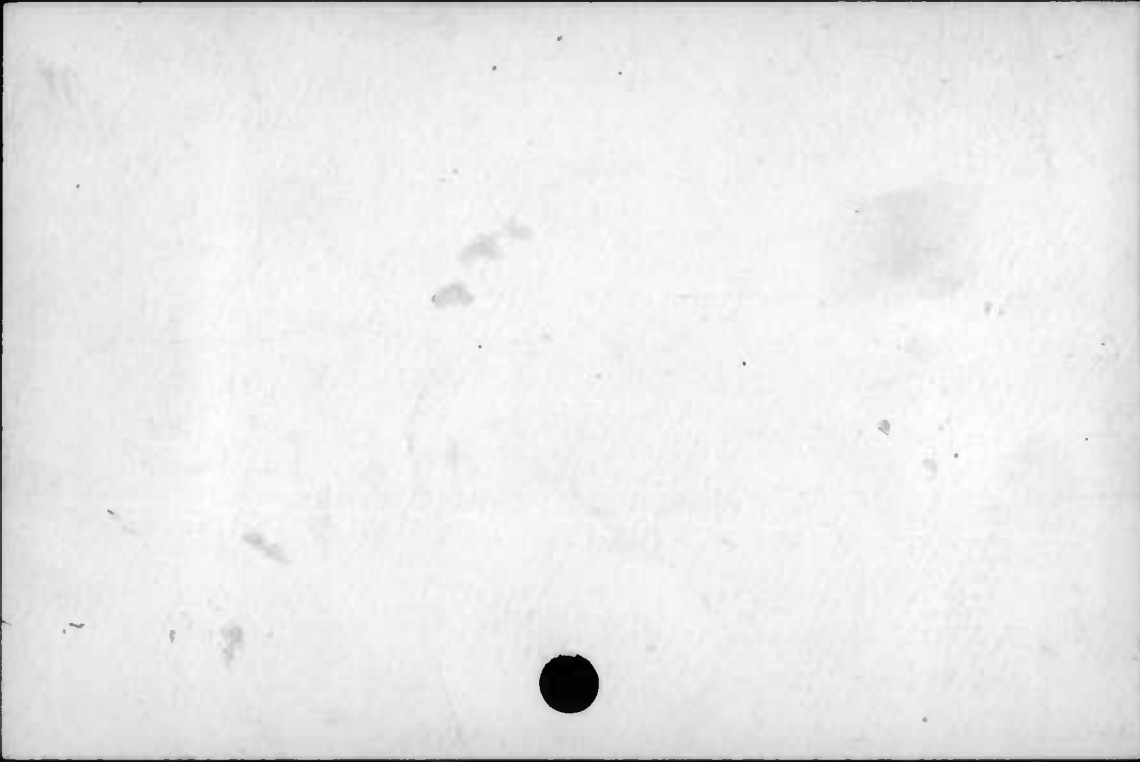
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Adamstown</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>8</i> ^{Month}	<i>16</i> ^{Day}	<i>1</i> ^{Years}	<i>2</i> ^{Months}	<i>22</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Buckeystown</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Elmer R. Heffner</i>			Father's Birthplace <i>Adamstown</i>		
Mother's Maiden Name <i>Maggie R. Sulcer</i>			Mother's Birthplace <i>Jefferson</i>		
Name of person giving information <i>Elmer R. Heffner</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>24 hours</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address <i>G. H. Bonley, Adamstown</i>
Accident or Suicide?	



Name
in
Full

Norman Gorman Heins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

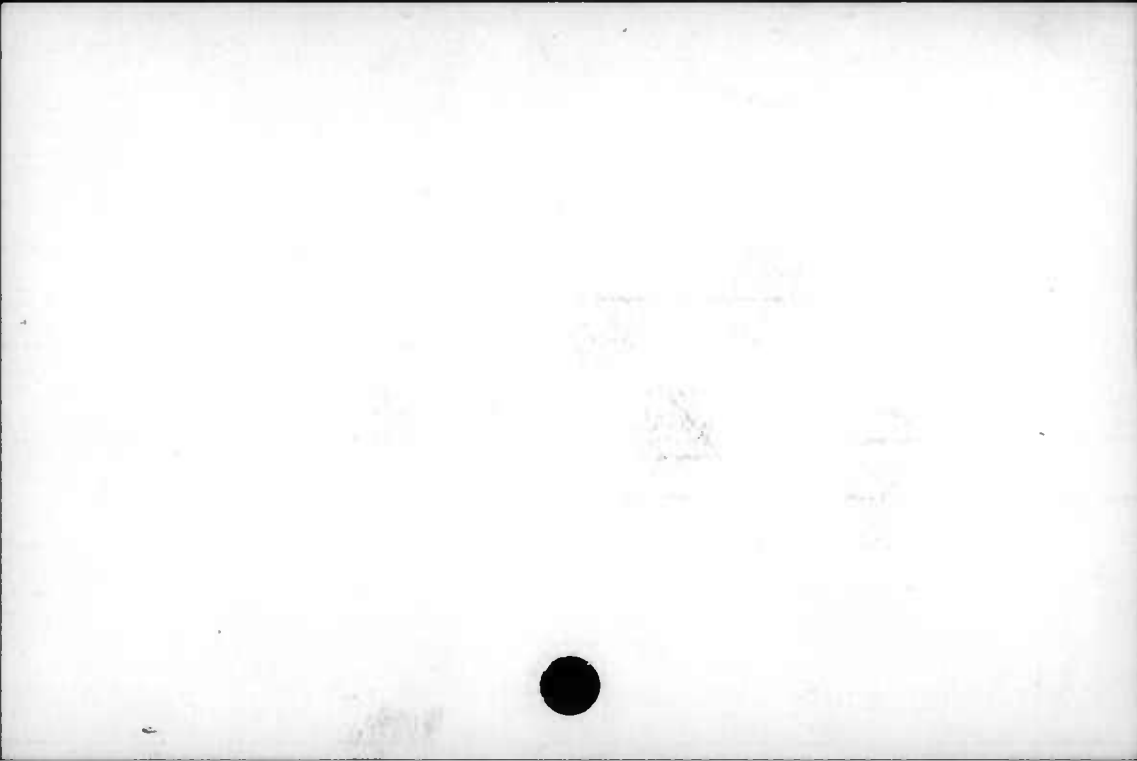
Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	190	Month <i>7</i>	Day <i>8</i>	Age	Years <i>4</i>	Months <i>6</i>	Days <i>17</i>
Sex	<i>male</i>		Color or Race	<i>Caucasian</i>		Birth place	<i>Ind</i>
Occupation	<i>X</i>			Where Residing if not at place of death		<i>X</i>	
Married, Single or Widowed	<i>X</i>		Name of Wife or Husband		<i>X</i>		
Father's Name	<i>Daniel E Heins</i>				Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Minnie Melt</i>				Mother's Birthplace	<i>Ind</i>	
Name of person giving In formation	<i>Daniel E Heins</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>3 days.</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>M. A. Long</i>
<i>Yes</i>		Address	<i>City.</i>
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1907

Month

8

Day

27

Age

Years

28

Months

Days

MARYLAND

Sex

Male

Color or
Race

White

Birth-
place

County

Occupation

Where Residing if not
at place of death

Walkersville

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

David Hoke

Father's
Birthplace

Pa

Mother's
Maiden NameMother's
Birthplace

"

Name of person giving
information

Dretter

How related
to deceased

Parents

CAUSES OF DEATH

48

Primary

Pneumonia

How long

Immediate

How long

5 min

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Chas W S. Idberger

Address

Walkersville

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shalt Alton</i> ^{Town}		<i>Holter</i> ^{County}		MARYLAND	
Date of death	1907	Month	8	Day	31
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>Caucasian</i>	
Occupation			Birth-place	<i>near Middletown</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Chas R Holter</i>		
Mother's Maiden Name			<i>Mrs Shalt</i>		
Name of person giving information			<i>Father</i>		
Father's Birthplace			<i>Fiddlers</i>		
Mother's Birthplace			<i>"</i>		
How related to deceased			<i>157</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stice Birth & Apnea</i>	How long	<i>1/2 hour after birth</i>
Immediate	<i>Asphyxia Following Spasm</i>	How long	<i>1/2 Day</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>W. L. Lawrence M.D.</i>	
Address		<i>Fredricks Md</i>	
Accident or Suicide?			

122

122



Name
in
Full

William Hopewell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

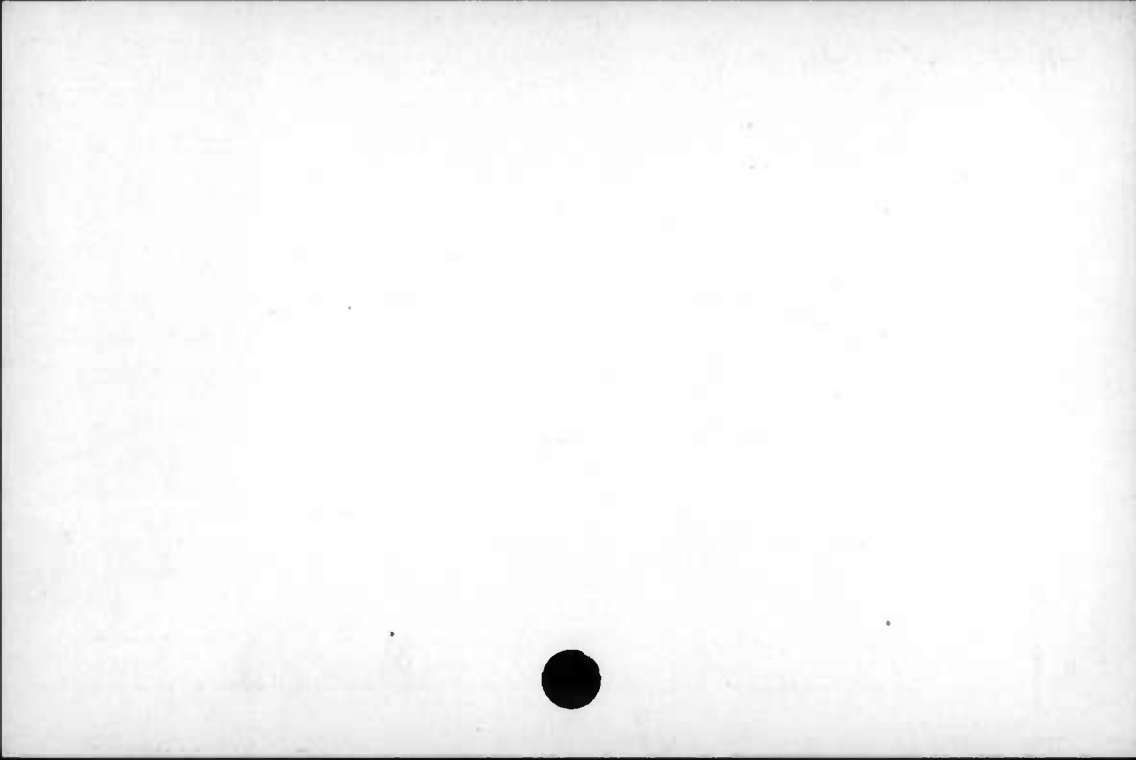
Died at <i>Montgomery Hospital</i>		County <i>Fredenshire</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>22</i>	Years <i>11</i>	Months	Days
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>Fred's Co. Md</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Wm Hopewell</i>		Father's Birthplace <i>Fredenshire Co</i>			
Mother's Maiden Name <i>Annie Tobillson</i>		Mother's Birthplace <i>Fredenshire Co</i>			
Name of person giving information <i>Hospital records</i>		How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. S. Lysons.</i>	
<i>Yes</i>		Address <i>Fredenshire, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Michael Houff

Town

County

MARYLAND

Died at *Fredericks**Fredericks*

Date

Month

Day

Years

Months

Days

of death 1907

8

23

Age

—

—

1 Hour

Sex

*Male*Color or
Race*White*Birth-
place*city*

Occupation

Where Residing if not
at place of death*Sana*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Michael J. Houff*Father's
Birthplace*Ohio*Mother's
Maiden Name*Worleifia Remmer*Mother's
Birthplace*Mod.*Name of person giving
In formation*Mr Houff*How related
to deceased*Father*

CAUSES OF DEATH

176

Primary

Face Presentation at Birth

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Frank Hedges
Fredericks
Md.*

Accident or Suicide?

—

Interment at Mt Olivet, Conn

" Aug 24 - 07

Thomas P. Rice.

Name
in
Full

CERTIFICATE OF DEATH

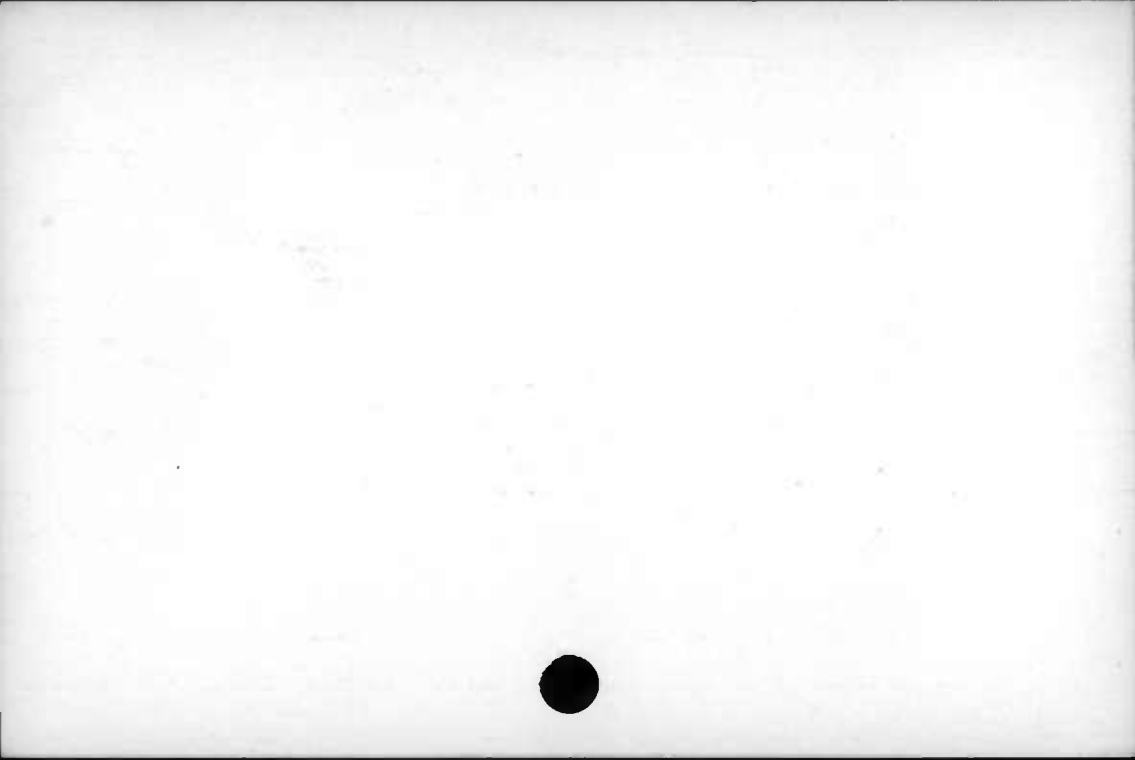
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trent Hill</i>		County <i>Tied</i>		MARYLAND	
Date of death <i>1907 Aug 22</i>		Age <i>4</i>		Months <i>4</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>MD.</i>	
Occupation		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Edgar Johnson</i>		Father's Birthplace <i>MD.</i>			
Mother's Maiden Name <i>Allie Jones</i>		Mother's Birthplace <i>MD.</i>			
Name of person giving information <i>Edgar Johnson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Enteritis</i>	How long <i>5 Days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. Clyde Roulson</i>
	Address <i>Buckeye Ohio</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Raymond W. Kauffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Irmo TownCounty Hendrick

MARYLAND

Date of death 190 7 Month 8 Day 26 Age X Years Months 3 Days XSex Male Color or Race White Birth-place IllOccupation X Where Residing if not at place of deathMarried, Single or Widowed XName of Wife or Husband XFather's Name John KauffmanFather's Birthplace PaMother's Maiden Name Lucinda HangleMother's Birthplace PaName of person giving information John KauffmanHow related to deceased Father

CAUSES OF DEATH

⑧

PHYSICIAN
OR CORONERPrimary Malaria How long 10 daysImmediate Pertussis & Exanthema How long 3 weeksAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician W. L. LongAddress CtyAccident or Suicide? No

Interment 8/28 07

Lewistown Methodist
Cemetery.

CCC Funeral Director

Name in Full		Charles Edwin Kemp				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Frederick		^{County} Frederick		MARYLAND		
		Date of death	Month	Day	Years	Months	Days	
		1907	8	20	Age	50	6	14
		Sex	Male	Color or Race	White	Birth-place	City	
		Occupation	Book Keeper		Where Residing if not at place of death		Same	
Married, Single or Widowed		Married	Name of Wife or Husband		Annie M. Nixdorf			
Father's Name		Charles Wesley Kemp			Father's Birthplace			
		Fr. Co. Md						
Mother's Maiden Name		Columbia A. Rhodes			Mother's Birthplace			
		City						
Name of person giving information		Morr Kemp			How related to deceased			
		Widow						
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary				How long		
		Chronic Interstitial Nephritis				1 1/2 years		
		Immediate				How long		
		Exhaustion				1 mo		
		Are the name, age, sex, color, data and place correctly given above?				yes		
				Signature of Physician				
				Address				
				Frederick, Md.				
Accident or Suicide?				no				

Interment Aug 23-07
" at Mt. Olivet
Thomas F. Rice

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

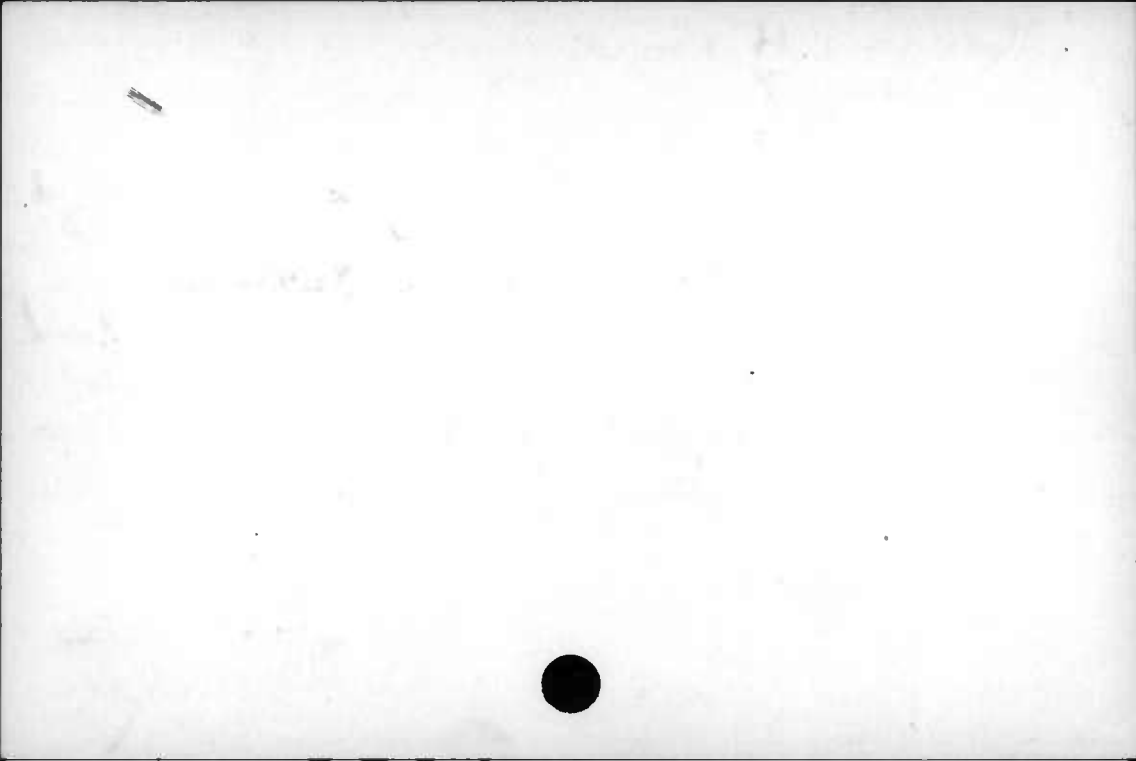
Name in Full James H. King		Town Urbana		County Dredrick		MARYLAND	
Date of death 1907		Month August	Day 8	Age 66	Years 7	Months 24	Days 24
Sex male		Color or Race white		Birth-place near Urbana, Md.			
Occupation farmer		Where Residing if not at place of death Urbana					
Married, Single Widowed		Name of Wife or Husband Mary E. King					
Father's Name Singleton King		Father's Birthplace Maryland					
Mother's Maiden Name Jane Lewis		Mother's Birthplace Maryland					
Name of person giving information Mrs Mary King wife		How related to deceased Wife					

CAUSES OF DEATH

53

PHYSICIAN
OR CORONER

Primary Splenic tuberculosis	How long Two years.
Immediate Heart Failure	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Berj C. Perry
	Address Urbana Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mollie V. King</i>				Town <i>Fredricks</i>		County <i>Fredricks</i>		MARYLAND	
Died at		Date of death		Month		Day		Years	
<i>Fredricks</i>		<i>1907</i>		<i>8</i>		<i>29</i>		<i>Age 35</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Fredricks Md</i>		Months		Days	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Same</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anthony King</i>		Father's Name <i>Asbury Miles</i>	
Mother's Maiden Name <i>Elizabeth Meyers</i>		Name of person giving information <i>Anthony King</i>		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Tubercular Disease of Throat</i>		How long <i>15 years -</i>	
Immediate <i>Arthemia</i>		How long <i>years</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. McCurdy</i>	
Address <i>Keith Affair</i>		Address	
Accident or Suicide? <i>no</i>			



Name in Full		Mrs Lurilla V Lambert				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Fredens City -</u>		County <u>Go</u>		MARYLAND	
		Date of death <u>1907 Aug</u>		Day <u>6th</u> Age <u>70</u>		Months <u>2</u> Days <u>26</u>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Fredens Md</u>	
		Occupation <u>Housewife</u>		Where Residing if not at place of death <u>M. Patricia St -</u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Michael Lambert -</u>			
PHYSICIAN OR CORONER		Father's Name <u>John Ritter</u>		Father's Birthplace <u>Md</u>			
		Mother's Maiden Name <u>Hennella Mayburg</u>		Mother's Birthplace <u>Md</u>			
		Name of person giving information <u>Helen Lambert</u>		How related to deceased <u>Daughter</u>			
		CAUSES OF DEATH		79			
Primary <u>Myocardial Regurgitation</u>		How long <u>7 mcs</u>					
Immediate <u>Cardiac Paralysis</u>		How long <u>Immediate</u>					
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Frank Hedges</u>		Address <u>Fredens Md</u>			
Accident or Suicide?							



Name
in
Full

Sarah Elizabeth Poole Linton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

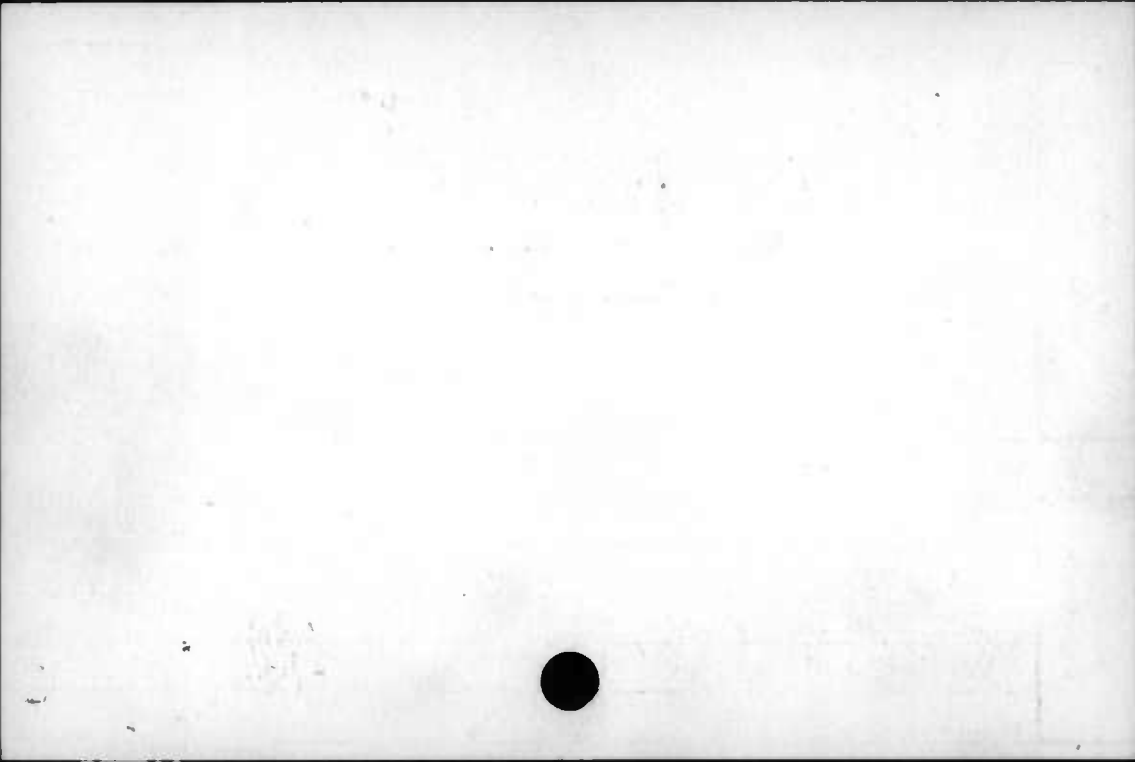
Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>27</i>	Age <i>34</i>	Months <i>X</i>	Days <i>X</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Frederick County</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lewis Linton</i>				
Father's Name <i>Iseo W Poole</i>	Father's Birthplace <i>Frederick County</i>				
Mother's Maiden Name <i>Mary Whittle</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Lewis Linton</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <i>Sapremia (Child Birth)</i>	How long <i>About 1 week</i>
Immediate <i>Shock from Curttment (H. M. T. Co.)</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. S. Lyson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name in Full		TOWN				COUNTY		STATE	
John F. Lohmuller		Liberty Town				Frederick		MARYLAND	
Died at		Date of death		Month		Day		Age	
1907		Aug		24		Years		20	
Sex		Male		Color or Race		White		Birth-place	
Occupation		None		Where Residing if not at place of death				Baltimore	
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		John F. Lohmuller		Father's Birthplace		Germany			
Mother's Maiden Name		Annie Baumhauer		Mother's Birthplace		Baltimore			
Name of person giving information		Annie Radcliff		How related to deceased		Mother			
CAUSES OF DEATH									
Primary		Tuberculosis				How long		14 yrs	
Immediate		Exhaustion				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		His B. Howe M. D.	
Address						Liberty Town		Md.	
Accident or Suicide?									

0/70/10/16

Name
in
Full

Mary McBride

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

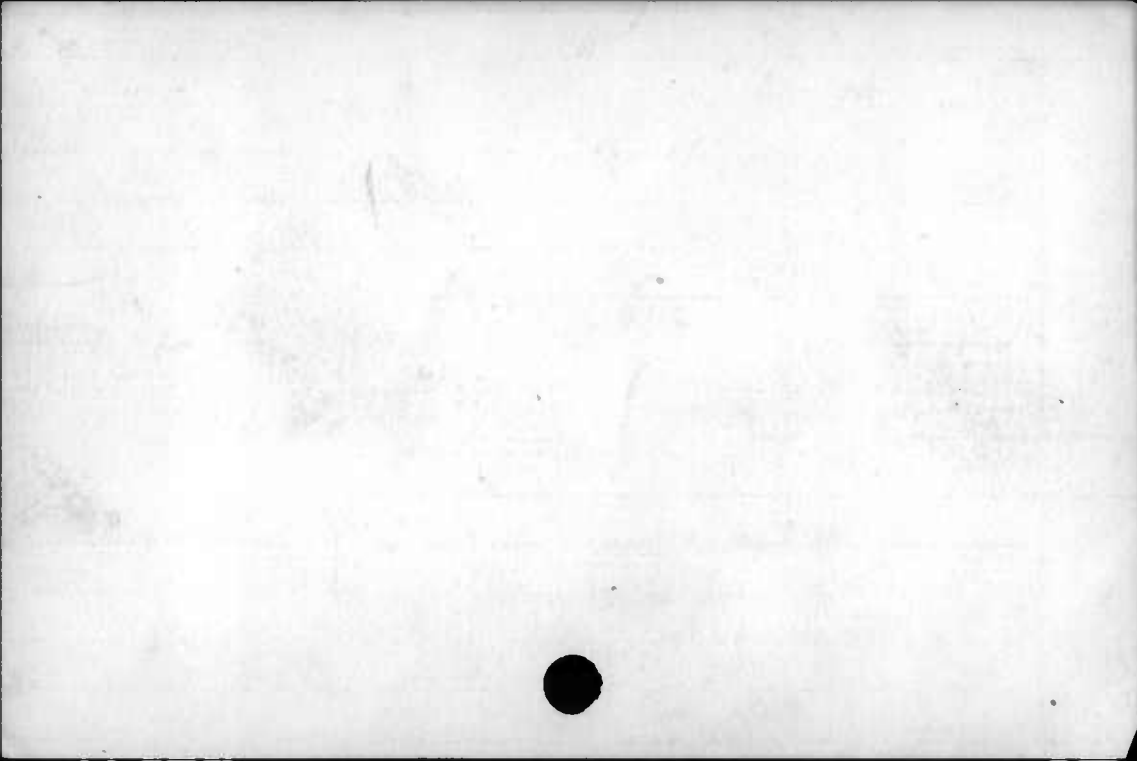
Died ^{Town} near Burkittsville		^{County} Frederick		MARYLAND	
Date of death	1907	Month	August	Day	18th
Age	63	Years		Months	9
Sex	Female	Color or Race	White	Birth-place	Locust Valley
Occupation	Wife of Farmer		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Daniel McBride		
Father's Name	John Sigler			Father's Birthplace	near Burkittsville
Mother's Maiden Name	Hannah Goodman			Mother's Birthplace	" "
Name of person giving information	Daniel McBride			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastritis	How long	3 wks
Immediate	Toxemia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Geo. Younce
		Address	Burkittsville
Accident or Suicide?			med

104



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sallie Ann McRade,

Died at *Burrillville* ^{Town} *Fidd.* ^{County}

DATE of death *1907* ^{Year} *Aug.* ^{Month} *27* ^{Day} Age *84* ^{Years} *18* ^{Months} *2* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Fidd. Co.*

Occupation *Housewife* Where Residing if not at place of death *Burrillville*

Married, Single or Widowed *Widow* Name of Wife or Husband *Alexander McRade*

Father's Name *Lloyd Harper* Father's Birthplace *Howard Co.*

Mother's Maiden Name *Annie Spigg* Mother's Birthplace *Unknown*

Name of person giving information *Corbett McRade* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Diarrhoea* *106* How long *One Week*

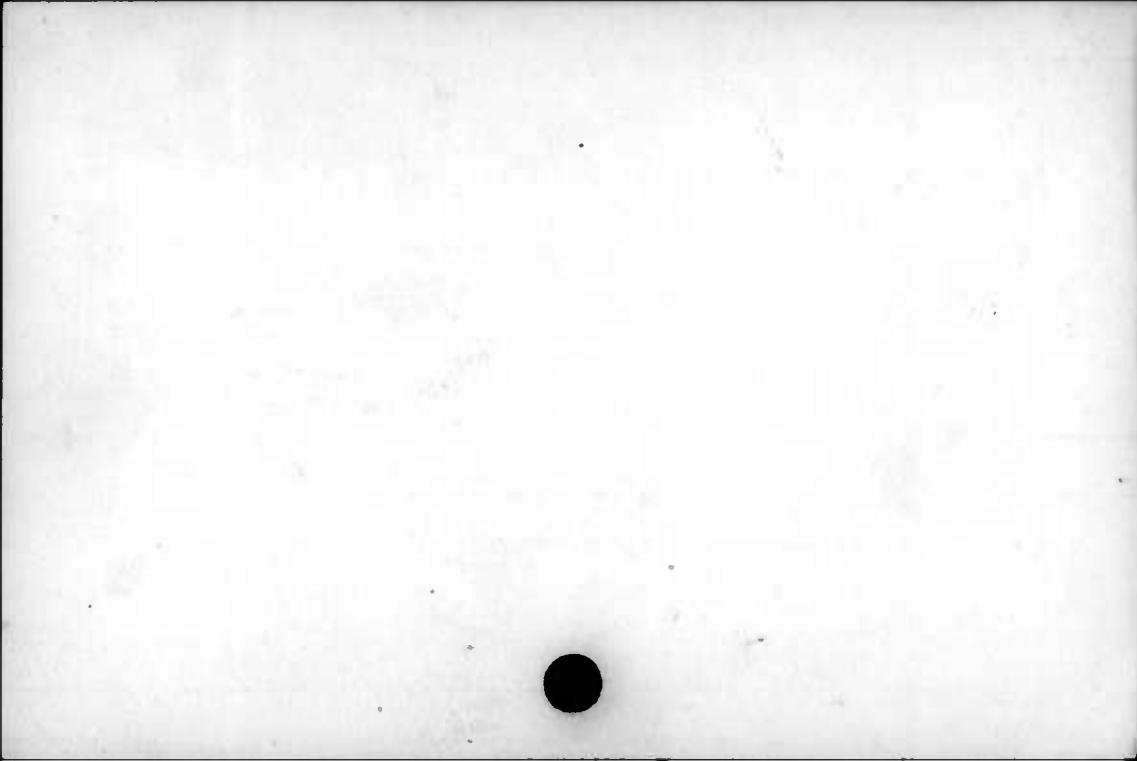
Immediate *Cholera* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Y*

Signature of Physician *Geo. Young*

Address *Burrillville*
Ind

Accident or Suicide? *No*



Name
in
Full

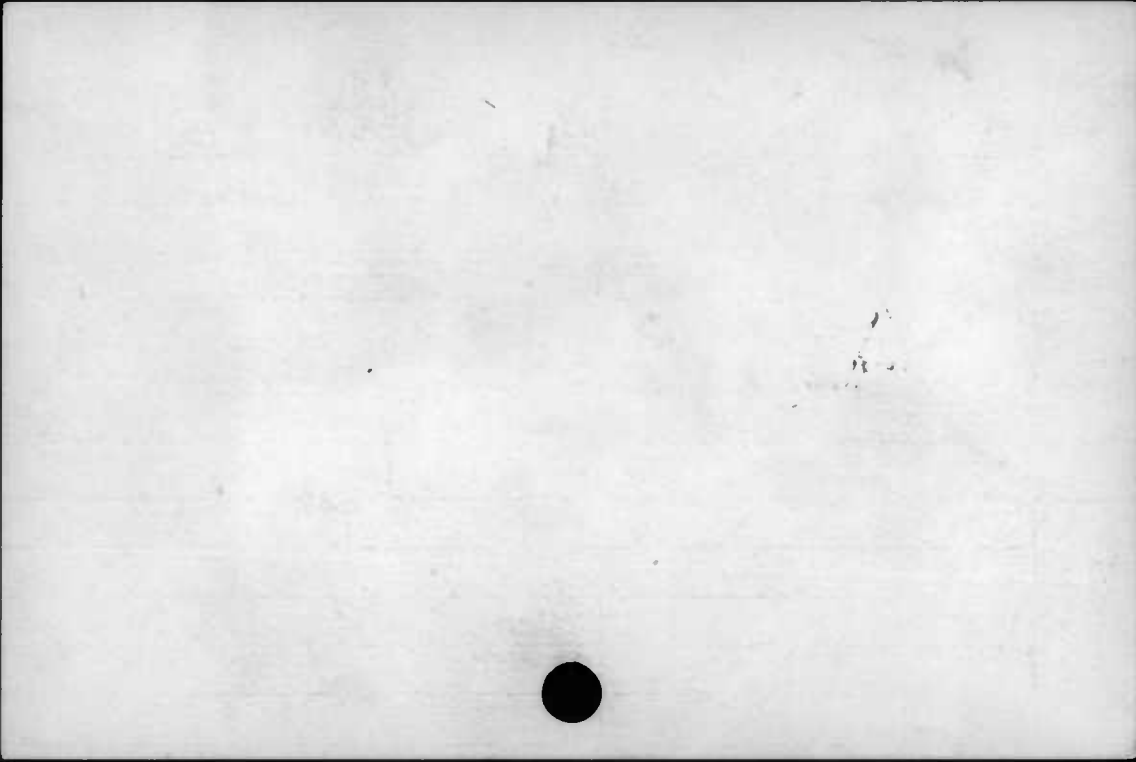
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Breagerstown <small>Town</small> Frederick <small>County</small>		MARYLAND	
Date of death 190 7 <small>Month</small> Aug <small>Day</small> 31st <small>Years</small> 82 <small>Months</small> 2 <small>Days</small> 3			
Sex Male	Color or Race White	Birth-place Beaverdam	
Married, Single or Widowed Widower		Occupation Farmer	
Name of Wife or Husband Mary Ann Elizabeth Ott			
Father's Name Daniel Martz		Father's Birthplace Don't know	
Mother's Maiden Name Elizabeth Kaufman		Mother's Birthplace Don't know	
Name of person giving information Jane E. Warner		How related to deceased Daughter	
CAUSES OF DEATH 123			

PHYSICIAN
OR CORONER

Primary Rectal Hemorrhage	How long One week
Immediate General Debility	How long 24 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. D. S. Young
Breagerstown	Address Frederick Bldg.
Accident or Suicide?	



Name
in
Full

Luetta Matthews

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Frederick

Frederick

Date

Month

Day

Years

Months

Days

of death

1907

8

8

Age

—

3

1

Sex

Female

Color or
Race

Black

Birth-
place

City

Occupation

—

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Charles Jean's

Father's
Birthplace

Md

Mother's
Maiden Name

Sadie Matthews

Mother's
Birthplace

Md

Name of person giving
In formation

Sadie Matthews

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Marasmus

How long

157

Indefinite

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

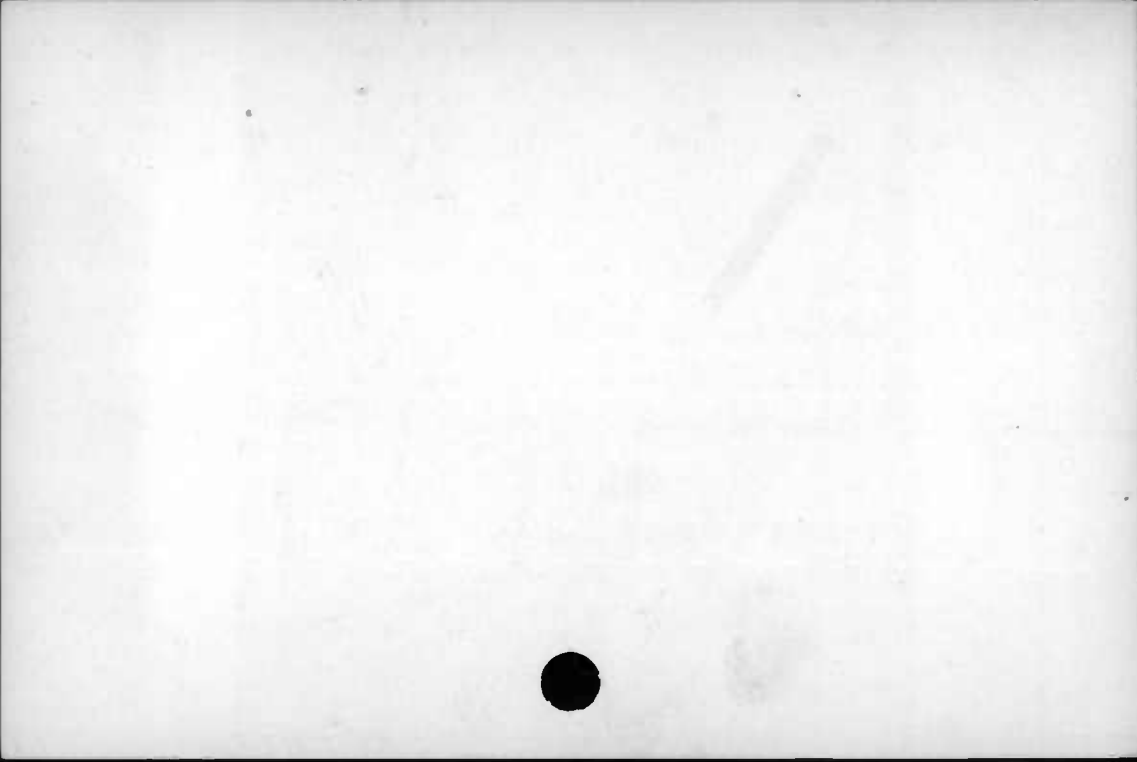
Address

H. S. Boone
Frederick, Md.

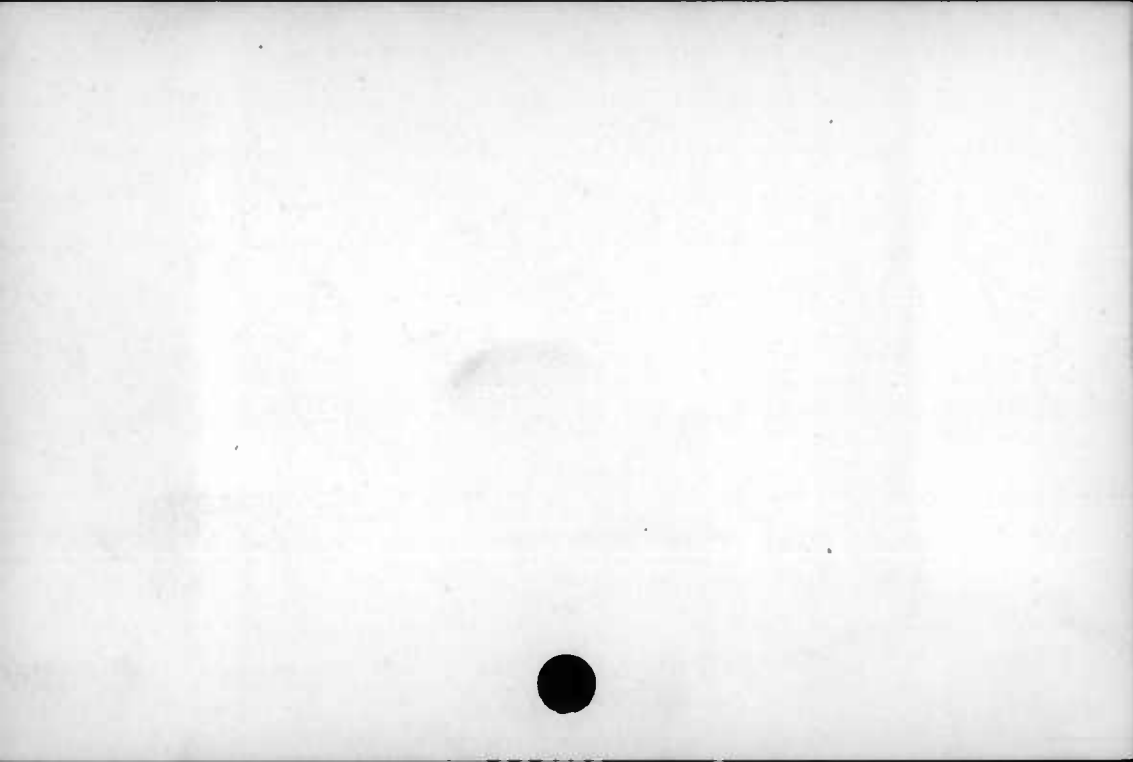
Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
Clifford Austin Miller		Town Frederick		County Frederick	
Died at		MARYLAND			
Date of death		Month 8	Day 3	Years —	Months 3
Sex Male		Color or Race White		Birth-place City	
Occupation —		Where Residing if not at place of death Same			
Married, Single or Widowed Single		Name of Wife or Husband —			
Father's Name Mathias B. Miller		Father's Birthplace City			
Mother's Maiden Name Kellie M. Glessner		Mother's Birthplace "			
Name of person giving information Mrs Miller		How related to deceased Mother			
CAUSES OF DEATH					
Primary Meningitis		How long 2 months			
Immediate Cholera Infantum		How long 10 days			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician C. T. Sappington			
		Address Frederick Md			
Accident or Suicide? —					



Name

in
Full

Elizabeth Louise Mock-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Middletown ^{Town} Frederick ^{County} **MARYLAND**

Date of death 190 7 ^{Month} 8 ^{Day} 10 ^{Age} 54 ^{Years} 4 ^{Months} 17 ^{Days}

Sex Female Color or Race White Birth-place Frederick

Married, Single or Widowed Widow Occupation Housewife

Name of Wife or Husband Wm. S. Mock.

Father's Name Lewis Wise Father's Birthplace Frederick

Mother's Maiden Name Elizabeth Kingle Mother's Birthplace Frederick

Name of person giving Information Matha Menzies How related to deceased Cousin

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 3 Years

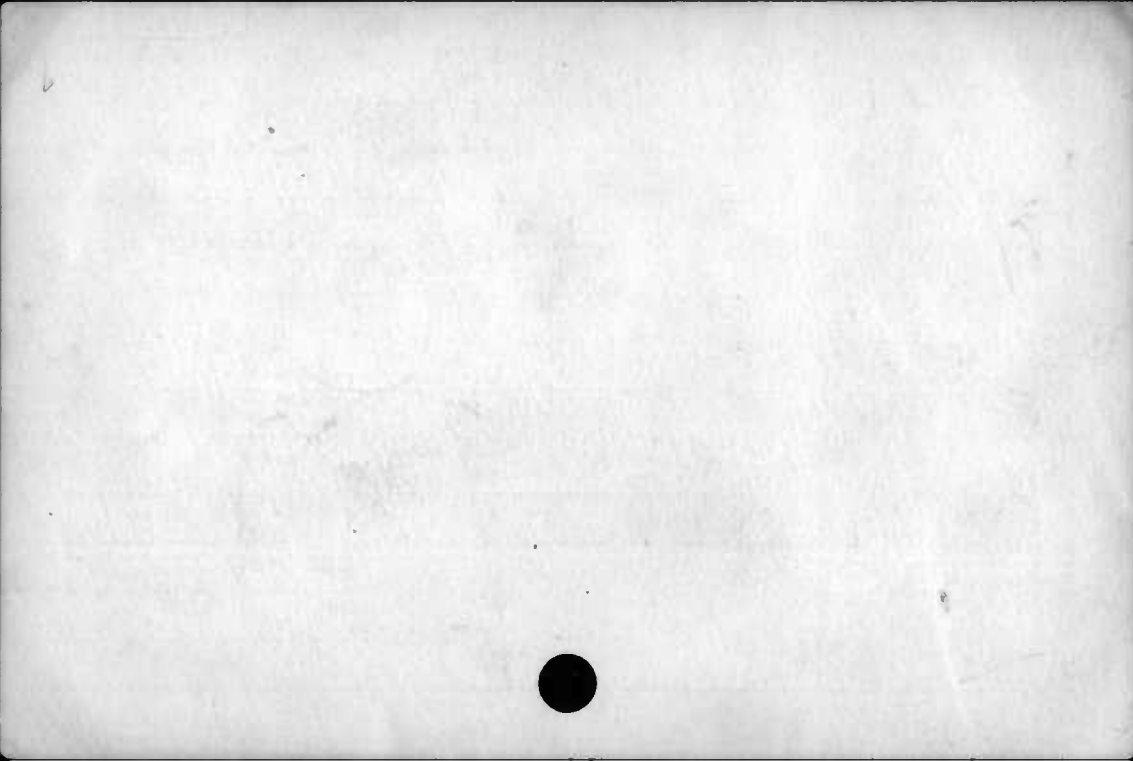
Immediate Hemiplegia How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician G. Herbert Beckley

Address Middletown

Accident or Suicide? Mayland



Name
in
Full

Clerk Morris.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monteith Hospital</i>		County <i>Fredenich</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>August</i>	Day <i>28</i>	Age <i>36</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth place <i>Fredenich Co</i>		
Occupation <i>Laburn</i>		Where Residing if not at place of death <i>Petersville</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Susie White</i>				
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>C. Charles Chase</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORDNER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>about 1 year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. A. Lysons</i>
	Address <i>Fredenich Co. Md.</i>
Accident or Suicide?	



Name
in
Full

Rochael Murdoch

CERTIFICATE OF DEATH

Town

County

Died at

Urbana

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

August

4th

Age

96

Sex

Female

Color or
Race

Black

Birth-
place

Md

Occupation

domestic work

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Isaac Murdoch

Father's
Name

unk

Father's
Birthplace

Md

Mother's
Maiden Name

unk

Mother's
Birthplace

Md

Name of person giving
information

Daughter

How related
to deceased

CAUSES OF DEATH

Primary

General debility

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Benj. C. Perry

Address

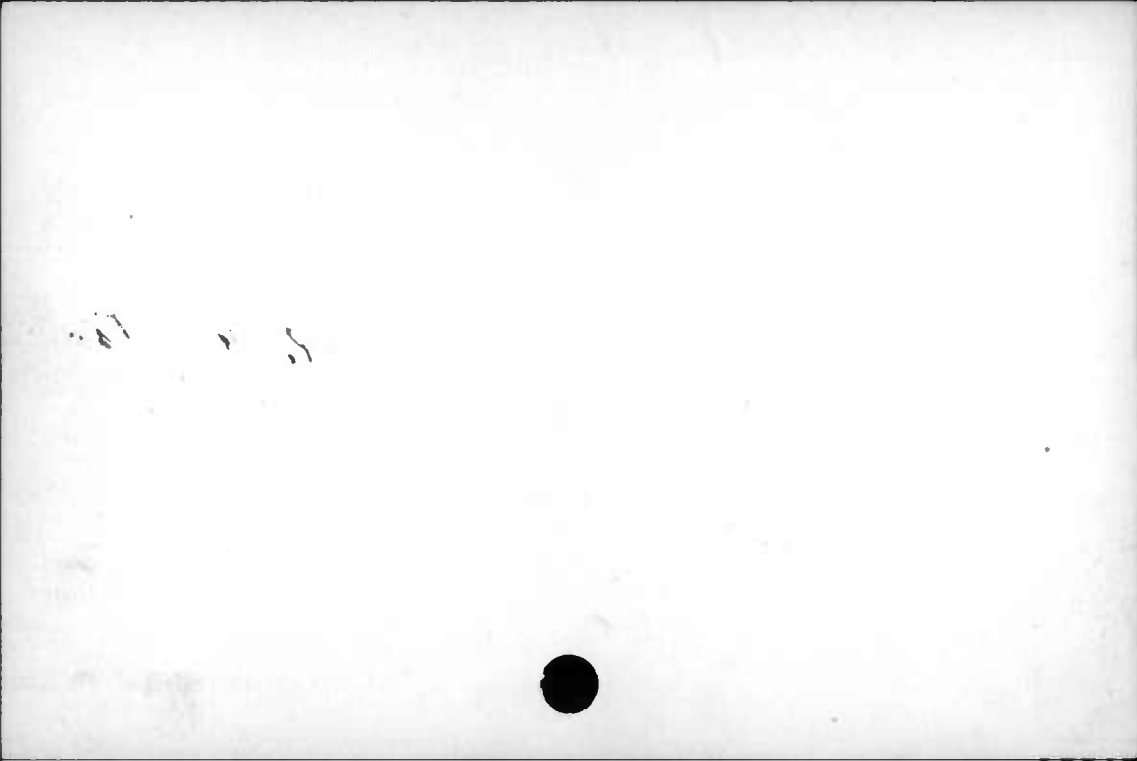
Urbana

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

e



Name in Full Rachel Eliza Nelson		CERTIFICATE OF DEATH	
Died at Sumner, Illinois		County Franklin	
Date of death 1907 Aug 18		Age 44 Years 5 Months 4 Days	
Sex Female		Color or Race Colored	
Occupation —		Birth place Ind.	
Where Residing if not at place of death Same			
Married, Single or Widowed Single		Name of Wife or Husband —	
Father's Name John Nelson		Father's Birthplace Ind.	
Mother's Maiden Name Mary Wallen		Mother's Birthplace Ind.	
Name of person giving information John Nelson		How related to deceased Sister	
CAUSES OF DEATH			
Primary Marasmus		How long Several Mo's	
Immediate 151		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician T. Clyde Ransom	
		Address Bethesda, Md.	
Accident or Suicide? —			



Name
in
Full

Paul Townsend Painter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

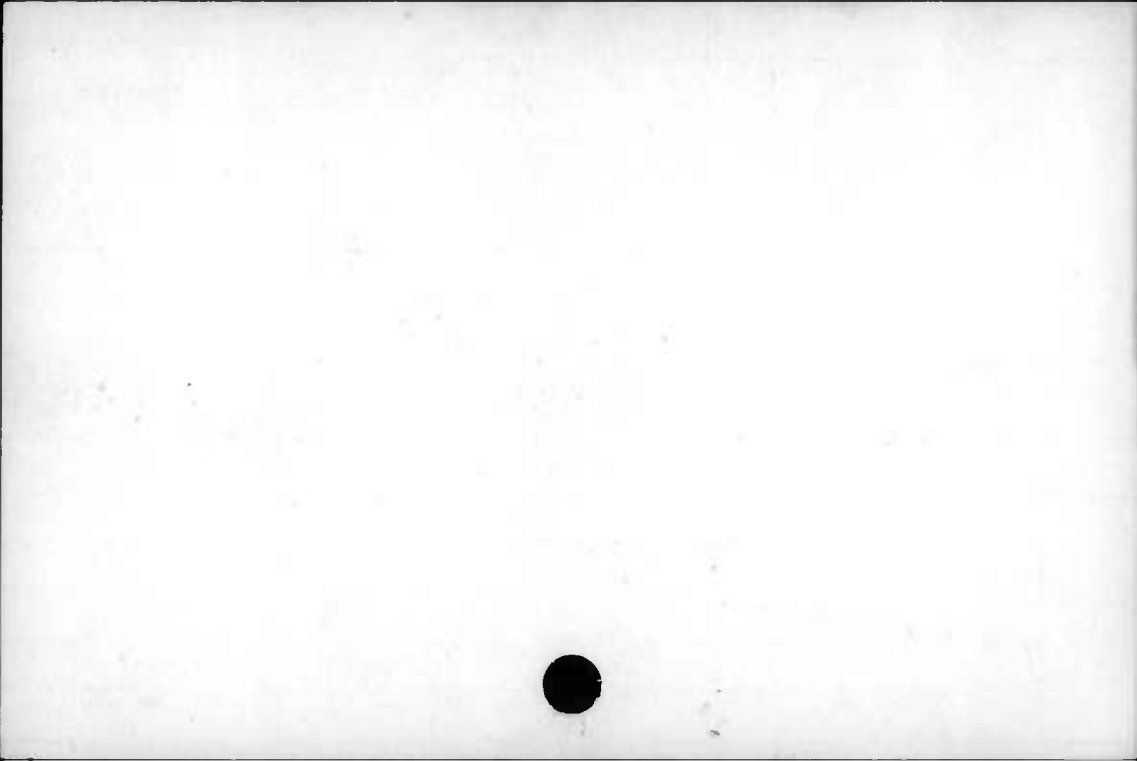
Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		190	Month <i>8</i>	Day <i>2</i>	Age <i>0</i>	Years <i>0</i>	Months <i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Days <i>26</i>	
Occupation <i>none</i>				Where Residing if not at place of death <i>none</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Wm T Painter</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Bessie Pool</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Howard M Painter</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Acute Gastroenteritis</i>	How long	<i>10 days</i>
Immediate	<i>Convulsions</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Wm Campbell</i>	
Address		<i>Frederick</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

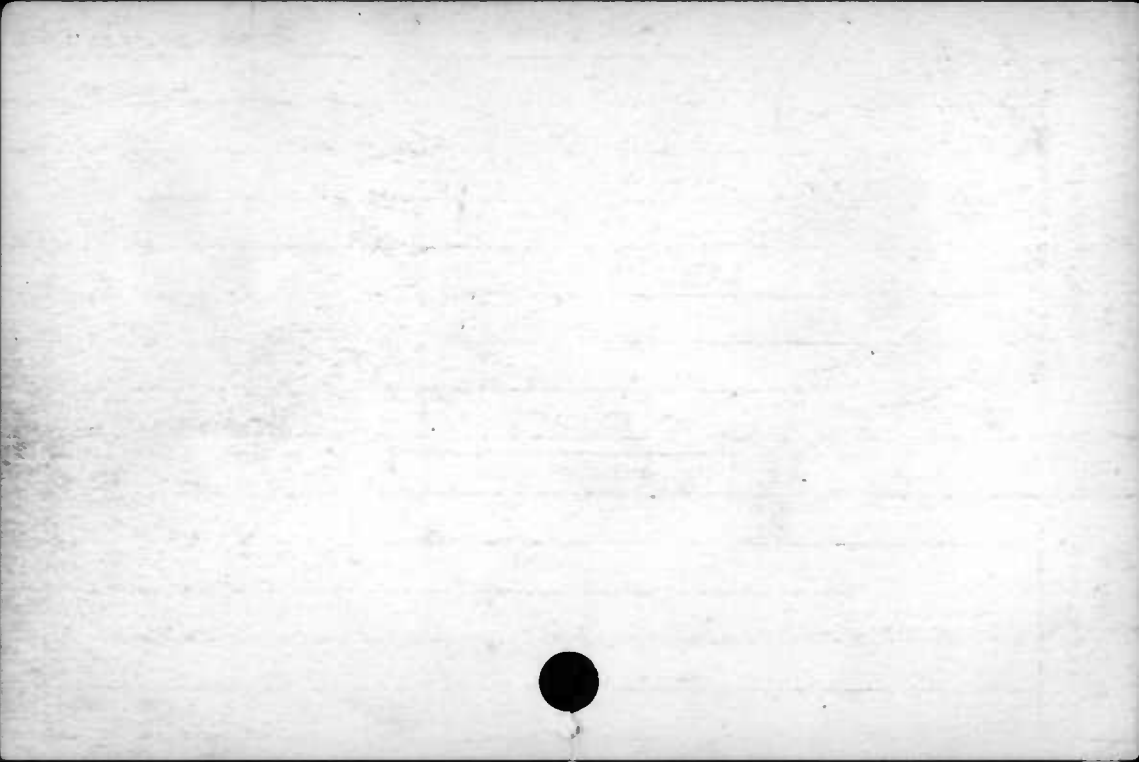
Name <i>Marj Ann Rich</i>		Town <i>Mountaindale</i>		County <i>Fredrick</i>		MARYLAND	
Died at		Date of death <i>1907 Aug 27</i>		Age <i>86</i>		Months <i>6</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Retired</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Sam'l Rich</i>					
Father's Name <i>Sam'l Shaper</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Susana Bower</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>J. D. Rich</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	How long <i>See Yrs</i>
Immediate <i>Heart Failure</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Miller</i>
	Address <i>Fredrick Md</i>
Accident or Suicide?	



Name
in
Full

Richard Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monticue Hospital</i>		Town <i>Fredericks</i>		County		MAYLAND		
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>14</i>	Age <i>77</i>	Years	Months	Days		
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Carroll Co, Md</i>					
Occupation <i>Laborer</i>			Where Residing if not at place of death					
Married, Single or Widowed <i>Unknown</i>			Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Hospital record</i>			How related to deceased <i>/</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile dementia</i>	How long
Immediate <i>Genl Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. E. Lyson</i>
	Address <i>Fredericks Md.</i>
Accident or Suicide?	



Name
in
Full

Infant Child

Routzahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

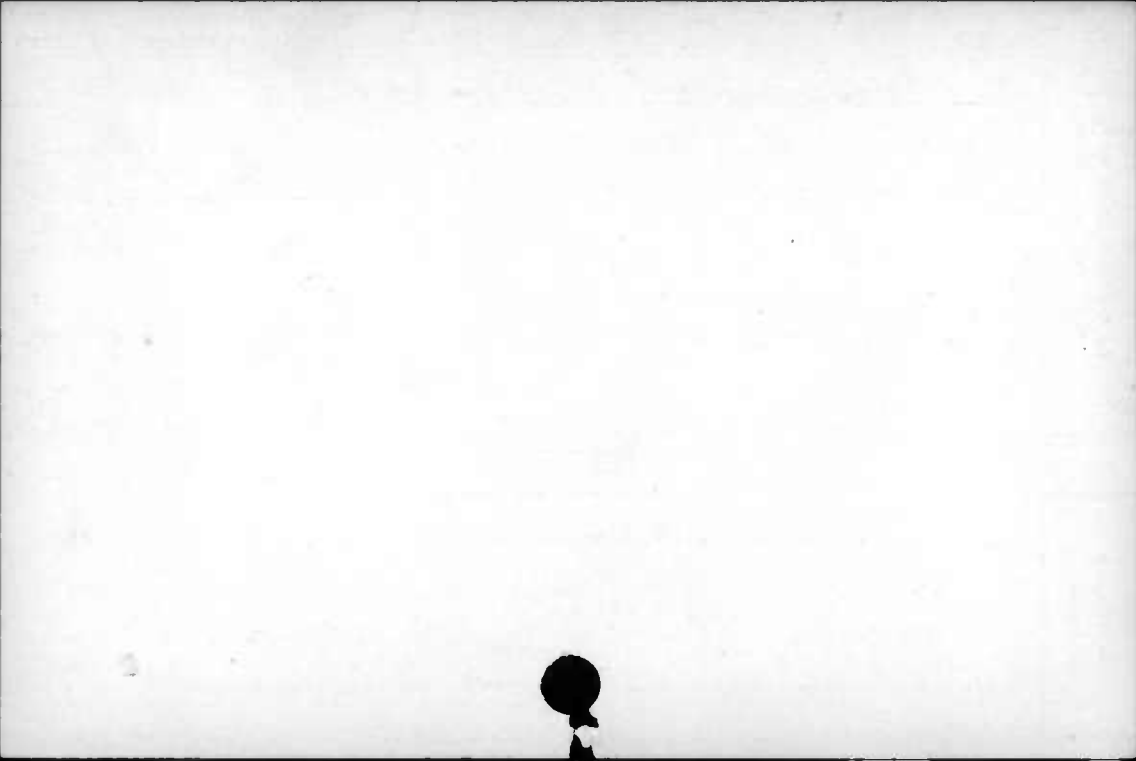
Died at		Town Middletown		County Frederick		MARYLAND	
Date of death	1907	Month Aug.	Day 30	Age	Years	Months	Days 6
Sex	Male		Color or Race	White		Birth- place	Md.
Occupation			Where Residing if not at place of death				
Married , Single or Widowed			Name of Wife or Husband				
Father's Name			Theodore Routzahn			Father's Birthplace	
Mother's Maiden Name			Esther May Gouunkis			Mother's Birthplace	
Name of person giving In formation			Dr. Hawver			How related to deceased	

CAUSES OF DEATH

85

PHYSICIAN
OR CORONER

Primary	Internal Hemorrhage	How long	1 day
Immediate	Congestion of Lungs	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		R V Hawver	
Address		Middletown Md.	
Accident or Suicide?			



Name in Full		Grace Elizabeth Scheel				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Fredk Ind		County		MARYLAND	
	Date of death	1907	Month	aug	Day	24	Age	Years
	Sex		Female		Color or Race		White	
	Occupation		—		Where Residing if not at place of death		Fredk Ind	
	Married, Single or Widowed		—		Name of Wife or Husband		—	
	Father's Name		Edmund Scheel		Father's Birthplace		Maryland	
	Mother's Maiden Name		Adella Hamiltter		Mother's Birthplace		—	
Name of person giving information		Factor of decess		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Narasmus		How long		1 month	
	Immediate		Enterocolitis		How long		1 week	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Frank Hedges			
			Address		Ind.			
Accident or Suicide?								

not about

Name
in
Full

Ellie May School

CERTIFICATE OF DEATH

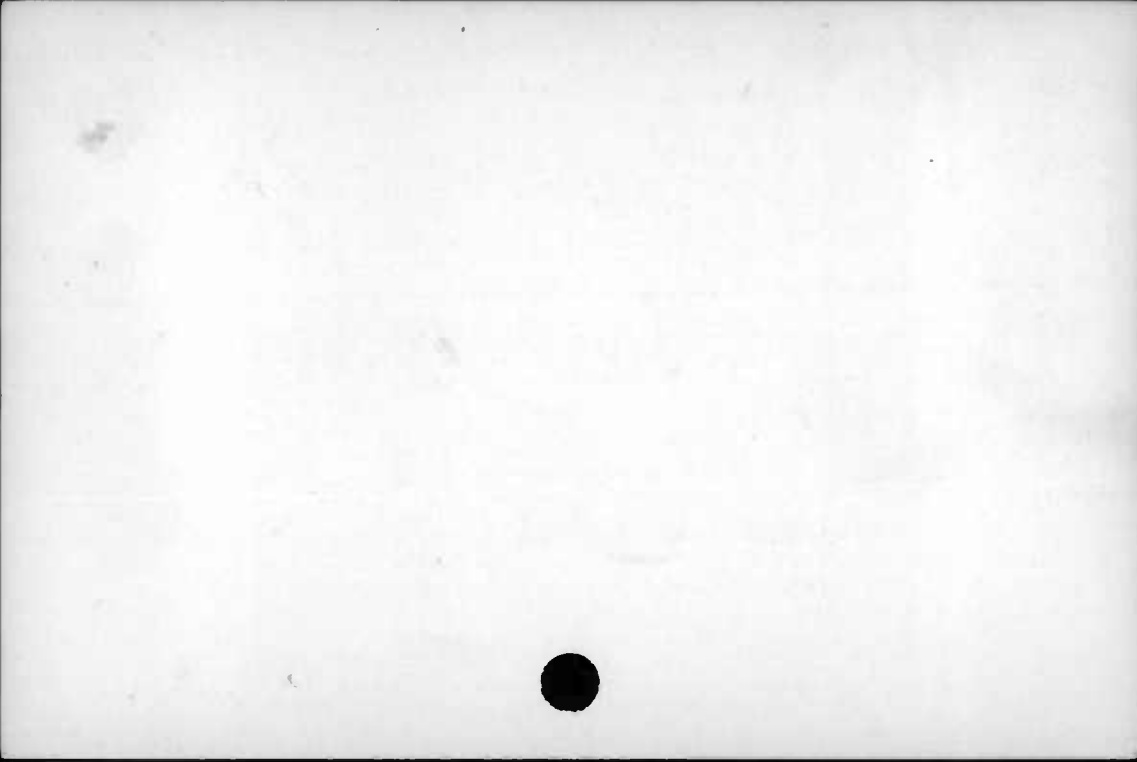
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Aug</u> ^{Month}	<u>19</u> ^{Day}	Age <u>3</u> ^{Years}	<u>2</u> ^{Months}	<u>10</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Frederick Co</u>		
Occupation <u>X</u>			Where Residing if not at place of death <u>X</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>John B. School</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Ridge B. Burdum</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>A. C. Leahy</u>			How related to deceased <u>woman</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>2 wks</u>
Immediate <u>Exhaustion</u>	How long <u>1 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. M. C. Cundy</u>
	Address <u>Frederick MD</u>
Manner of Suicide?	



Name in Full		Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>11th Ave</u>		<u>Frederick</u>		MARYLAND	
		Date of death <u>1907</u> <u>May</u> <u>21</u>		Age <u>7</u> Years <u>7</u> Months <u>7</u> Days			
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>MD</u>	
		Occupation <u>—</u>		Where Residing if not at place of death			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
		Father's Name <u>M. L. Seitz</u>		Father's Birthplace <u>Pa</u>			
		Mother's Maiden Name <u>ella B. Gletner</u>		Mother's Birthplace <u>W. Va</u>			
		Name of person giving information <u>Gletner</u>		How related to deceased <u>Grand mother</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Cholera Infantum</u>		How long <u>105</u>		How long <u>3 days</u>	
		Immediate					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A. G. Harrier</u>			
				Address <u>Brunswick-Frederick Co</u>			
		Accident or Suicide?					



Name
in
Full

Morton Fritz

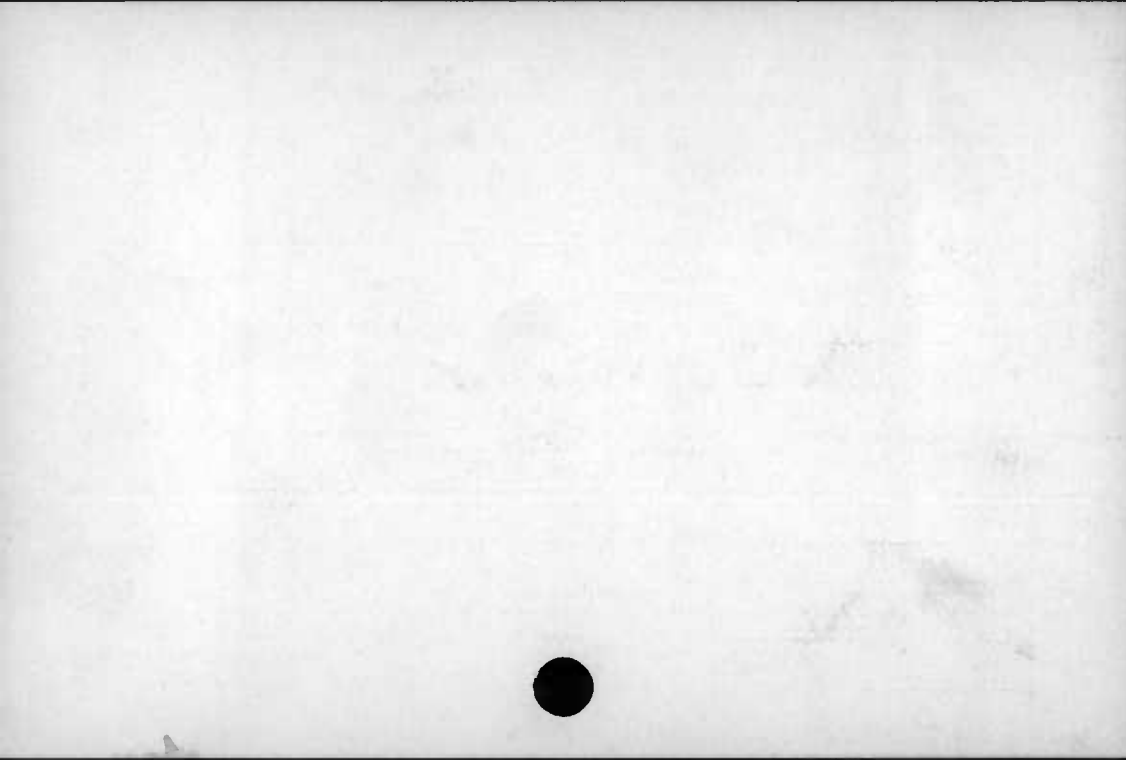
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Knowville		County Frederick		MARYLAND	
Date of death		Month 1907 Aug	Day 28	Age 28	Years	Months 10	Days 28
Sex Male		Color or Race white		Birth- place Va			
Occupation Brickman				Where Residing if not at place of death			
Married, Single or Widowed		married		Name of Wife or Husband Ella Gletner			
Father's Name		Scott Fritz		Father's Birthplace		Ga	
Mother's Maiden Name		Anna B. Rush		Mother's Birthplace		Va	
Name of person giving information		Ella Gletner		How related to deceased		wfe	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Typhoid Fever	How long	3 weeks
	Immediate	Cardiac Failure	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. G. Storine	
			Address Brunswick Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edward C. Shepherd

Town

County

MARYLAND

Died at

Frederick

Frederick

Date

of death

1907

Month

8

Day

29

Age

Years

72.

Months

1

Days

5

Sex

Male

Color or
Race

White

Birth-
place

W. Va

Occupation

Register & collector

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Annelia A. Shack

Father's
Name

James Shepherd

Father's
Birthplace

W. Va

Mother's
Maiden Name

Annelia Humphreysville

Mother's
Birthplace

Pa

Name of person giving
information

Clinton Shepherd

How related
to deceased

Son.

CAUSES OF DEATH

79

Primary

Dissection of heart (Valvular)

How long

Several days

Immediate

Paralysis

How long

7

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. S. Maynard

Address

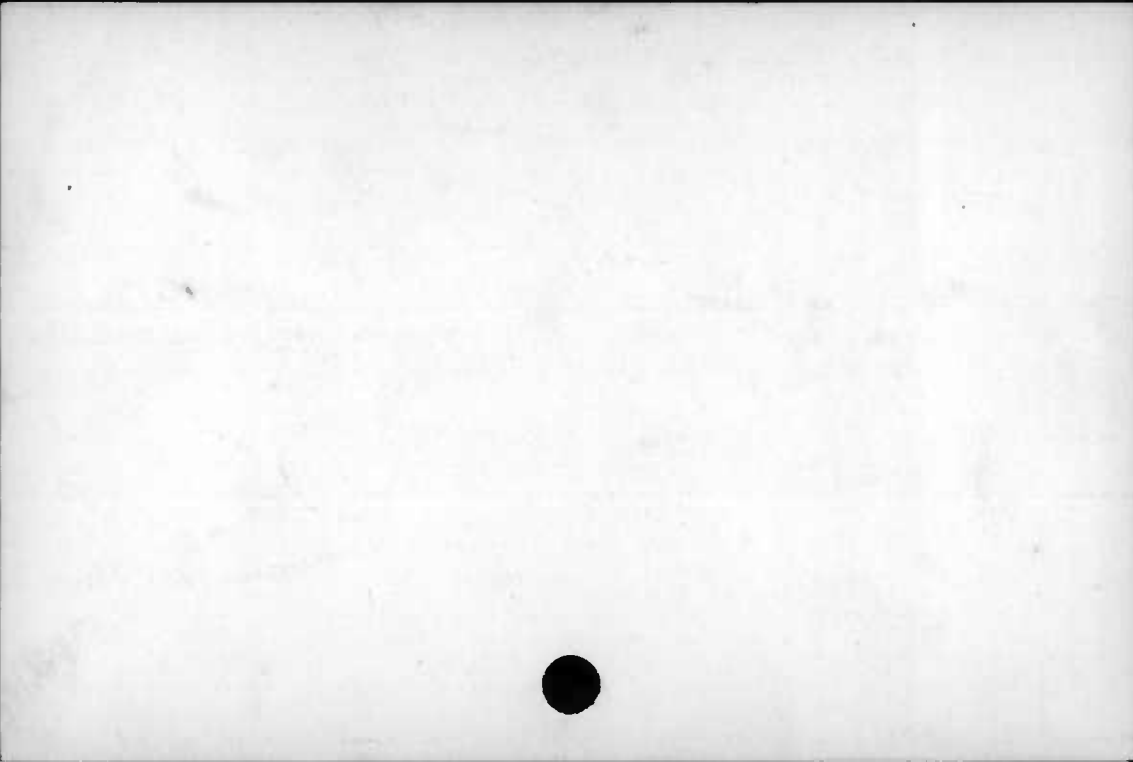
17 Green St. W.

Frederick Md

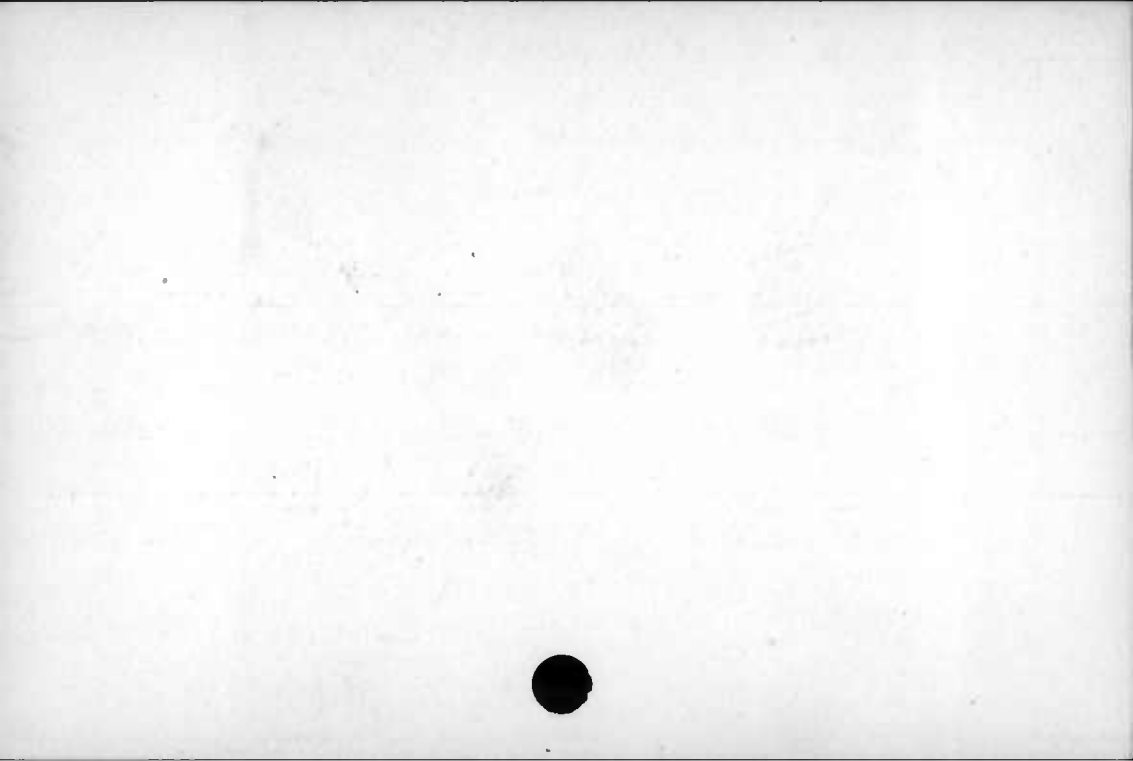
Accident or Suicide?

no

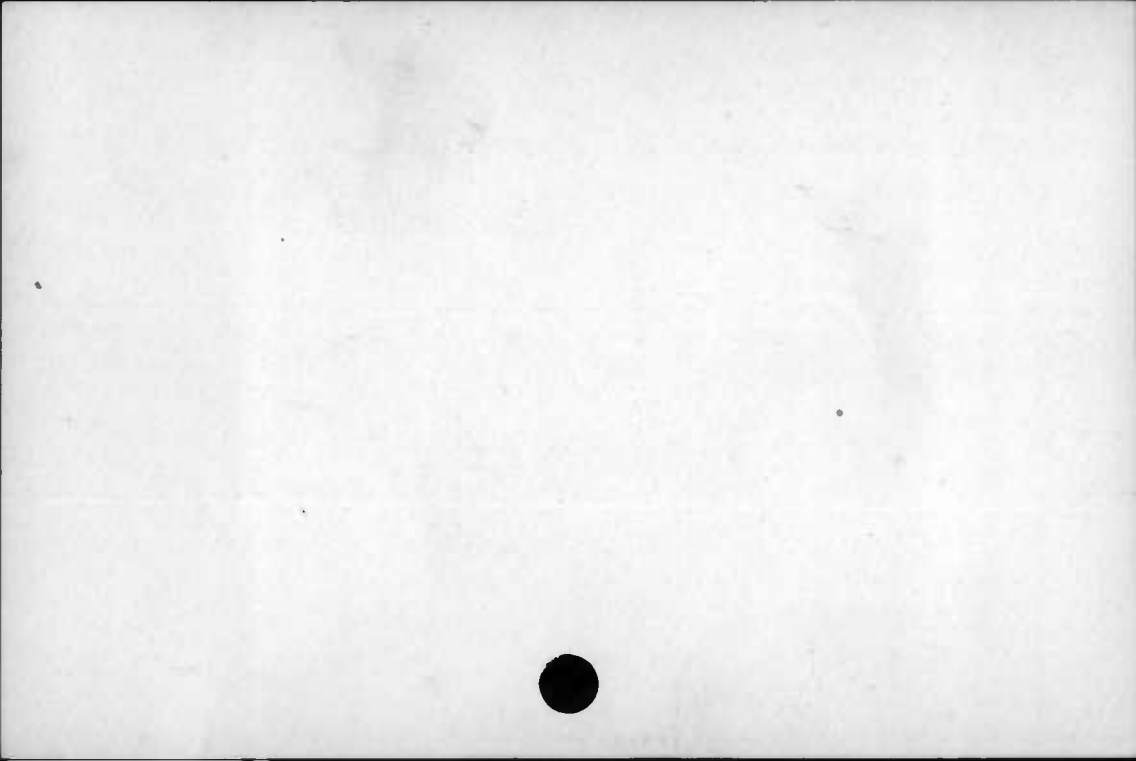
PHYSICIAN
OR CORONER



Name in Full		George Frederick Siedling						CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Frederick		County Frederick		MARYLAND				
		Date of death		1907	May	16th	Age	51	Months	1	Days	25
		Sex		Male		Color or Race		White		Birth-place		Md.
		Occupation		Merchant		Where Residing if not at place of death						
		Married, Single or Widowed		Married		Name of Wife or Husband		Nannie M. Steup				
PHYSICIAN OR CORONER		Father's Name		George Siedling		Father's Birthplace		Germany				
		Mother's Maiden Name		Joanna Schardo		Mother's Birthplace		Germany				
		Name of person giving information		Nannie Siedling		How related to deceased		Wife				
CAUSES OF DEATH												
PHYSICIAN OR CORONER		Primary		acute Indigestion				How long		1 Hour		
		Immediate		Cerebral Hemorrhage				How long		30 minute		
		Are the name, age, sex, color, date and place correctly given above?		ye		Signature of Physician		Frank Hedger				
				Address		Frederick						
		Accident or Suicide?										



Name in Full		Lydia A. E. Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Frederick		Frederick		
		Town		County		MARYLAND		
		Date of death		1907	Month	8	Day	31
		Age		—		Years	3	
		Sex		Female		Color or Race	White	
		Birth-place		City		Same		
Occupation		Where Residing if not at place of death						
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		William C. Smith		Father's Birthplace		Fr. Co. Md		
Mother's Maiden Name		Florence R. Exler		Mother's Birthplace		" " "		
Name of person giving information		Wm. C. Smith		How related to deceased		Father		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="float: right; border: 1px solid black; border-radius: 50%; padding: 5px;">105</div>								
PHYSICIAN OR CORONER		Primary		Intestinal Indigestion		How long		
		Immediate		Convulsions		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
		Address		Frank Hedger		How long		
		Accident or Suicide?		—		Frederick		2 weeks
						2 Hours		



Name
in
Full

Mrs. Margaret Elizabeth Smith

CERTIFICATE OF DEATH

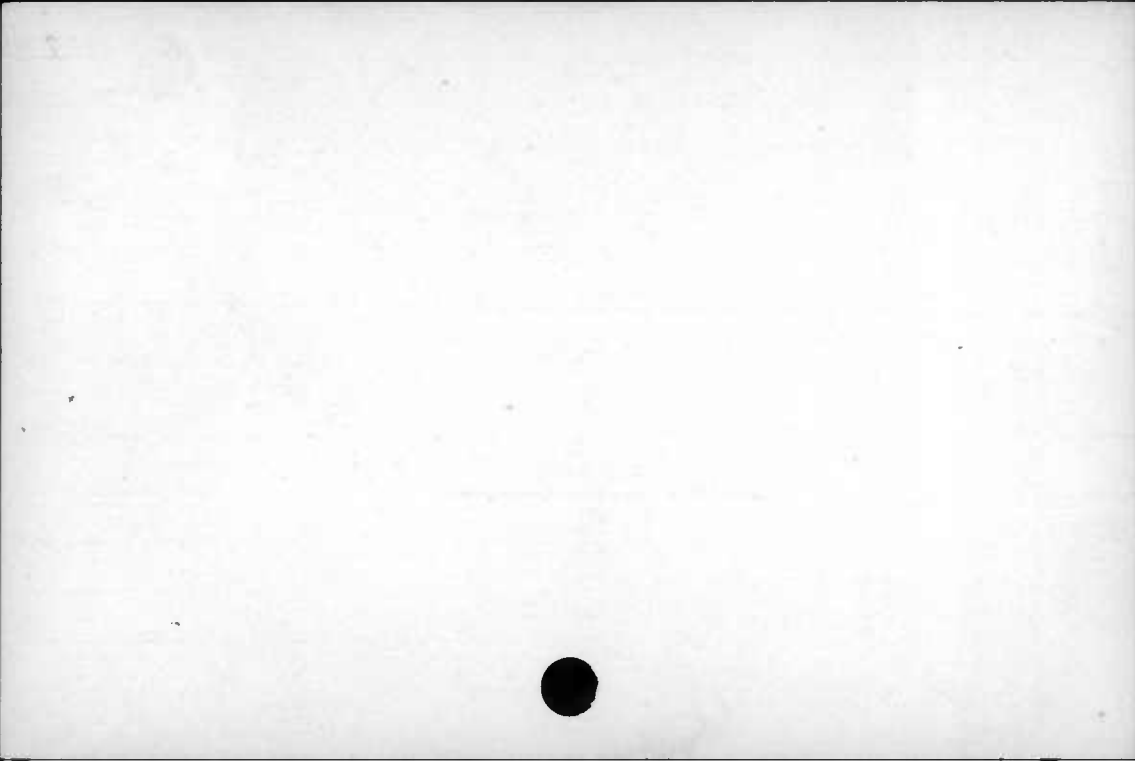
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walkersville</i>		County <i>Frederick</i>		MARYLAND	
Date of death	Month <i>August</i>	Day <i>11</i>	Years <i>83</i>	Months <i>7</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Emmanuel Smith</i>				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Daughter</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long <i>83-4-1</i>
Immediate <i>General Debility</i>	How long <i>long month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. J. Zimmerman M.D.</i>
	Address <i>Walkersville, Md.</i>
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

Mildred Bronna Smith

CERTIFICATE OF DEATH

Town

County

Died near Woodsboro,

Bert,

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

8

24

Age

13

19

Sex

Male

Color or
Race

White

Birth-
place

near Woodsboro

Occupation

Infant

Where Residing if not
at place of death

At place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Morris Smith

Father's
Birthplace

Bert Co. Md

Mother's
Maiden Name

Emma Garing

Mother's
Birthplace

" " "

Name of person giving
information

Father

How related
to deceased

"

CAUSES OF DEATH

Primary

Cholera Infantum

How long

4 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

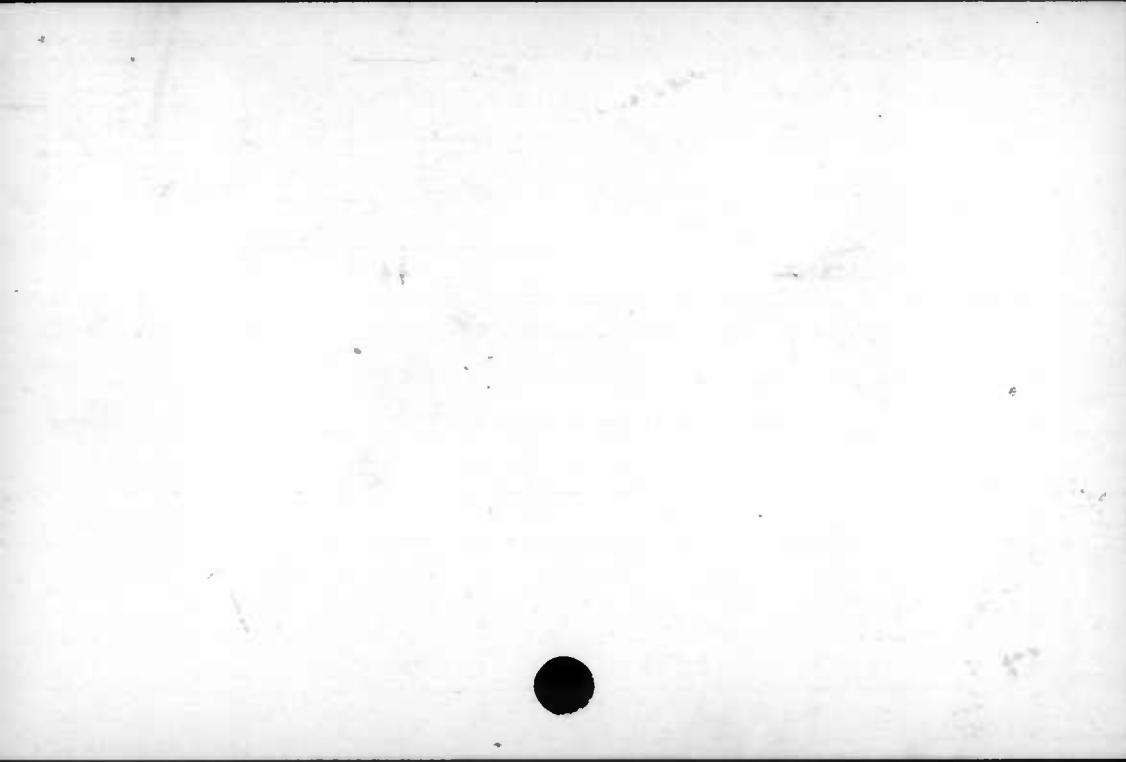
Address

W. H. Kaler
Woodsboro,
Md.

Accident or Suicide?

"

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ralph Lee Smith

Bentley Street

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1907	Month	8	Day	15	Age	—
Sex	Male	Color or Race	White	Birth-place	City	Months	7
Occupation				Where Residing if not at place of death	Same		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	John L. Smith				Father's Birthplace	Fr. Co. Md.	
Mother's Maiden Name	Mattie E. Bidensour				Mother's Birthplace	" " "	
Name of person giving information	John L. Smith				How related to deceased	Father	

CAUSES OF DEATH

Primary	Marasmus	How long	6 weeks
Immediate	Exhaustion	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Laluck
		Address	236 Church St
Accident or Suicide?	— — —		Frederick

PHYSICIAN
OR CORONER

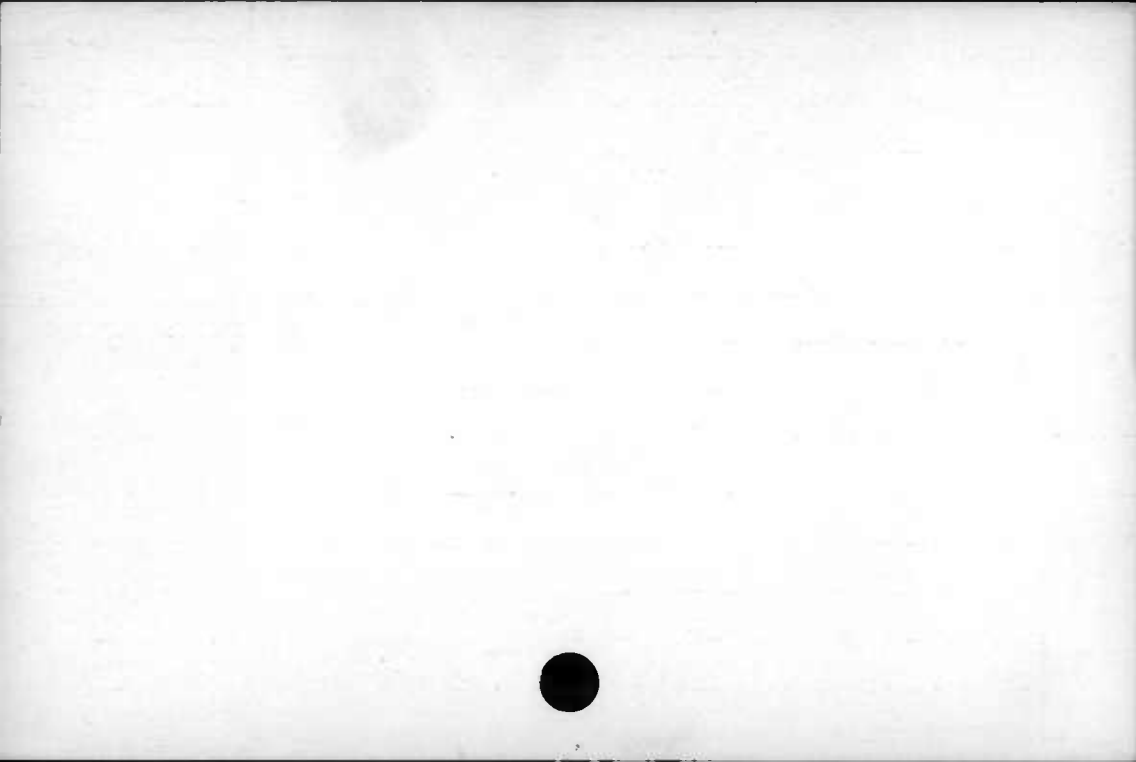
Interment at Meyersville

Fr. Co. Md

" Aug 16'

Thomas P. Rice

Name in Full		Rosa E. Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Stalkersville		County Frederick		MARYLAND	
	Date of death	1907	Month Aug.	Day 17	Years 26	Months 8	Days 8
	Sex	Female		Color or Race	White		
	Occupation	Saleslady		Where Residing if not at place of death	Stalkersville		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Solomon Smith of Geo.			Father's Birthplace	Frederick Co.	
	Mother's Maiden Name	Margaret Lookinbill			Mother's Birthplace	Frederick Co. Md.	
	Name of person giving information	Florence L. Green			How related to deceased	Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Carcinoma			How long	Eight months	
	Immediate	Intestinal Hemorrhage			How long	2 days	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	John J. Remsburg M.D.		
				Address	Stalkersville, Md.		
Accident or Suicide?							



Name
in
Full

Edward J. Snider

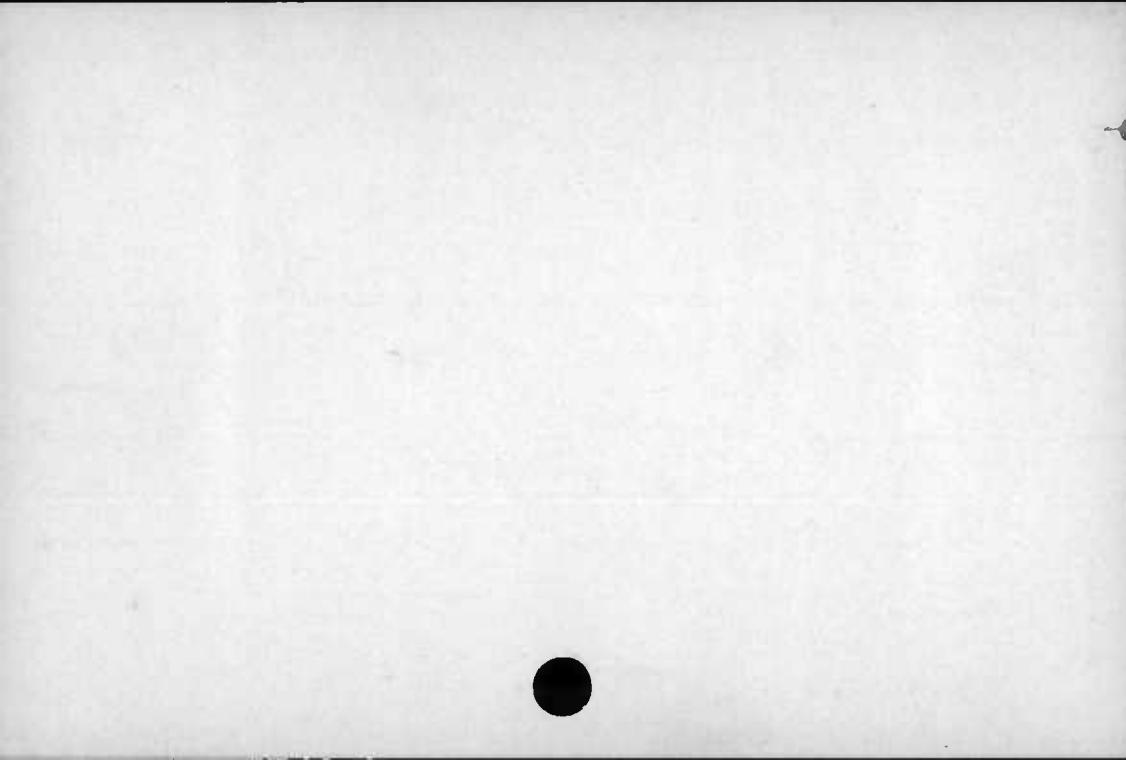
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>13</u>	Age <u>34</u>	Months <u>3</u>	Days <u>3</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>VA</u>		
Occupation <u>Brickman</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Jennie J. Snider</u>				
Father's Name <u>Peter Snider</u>	Father's Birthplace <u>VA</u>				
Mother's Maiden Name <u>Sarah E. Jortz</u>	Mother's Birthplace <u>VA</u>				
Name of person giving information <u>Jennie J. Snider</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

Primary <u>accident</u>	<u>166</u>	How long <u>instantly</u>
Immediate <u>Creecher Brothers Co</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. E. Hovine</u>	
	Address <u>Brunswick - Frederick Co</u>	
Accident or Suicide? <u>accident</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

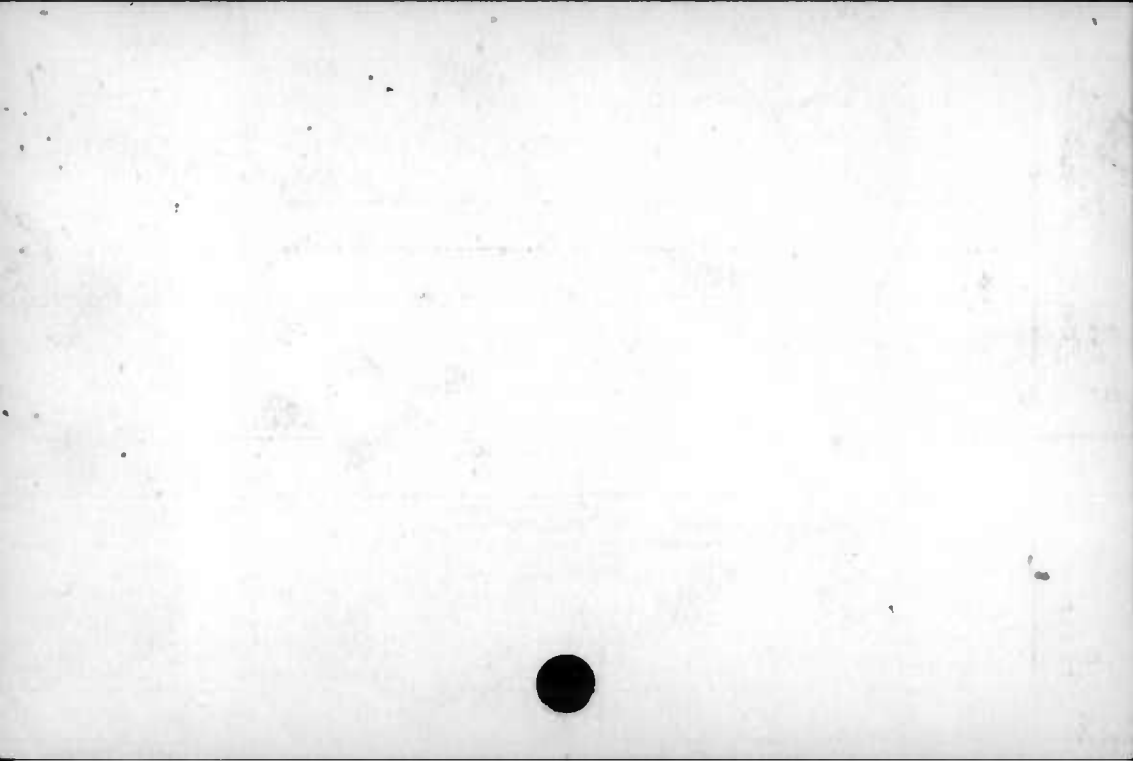
Name in Full <i>Ann Elisabeth Stated</i>		Town <i>Knowville</i>		County <i>Fred.</i>		MARYLAND	
Died at <i>Knowville</i>		Month <i>Aug.</i>		Day <i>4</i>		Age <i>71</i>	
Date of death <i>1907</i>		Month <i>Aug.</i>		Day <i>4</i>		Years <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fred. Co.</i>		Months <i>2</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Knowville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>D. C. Stated</i>					
Father's Name <i>Robert McDuell</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Julia Stated</i>		Mother's Birthplace <i>Fred. Co.</i>					
Name of person giving information <i>McDuell Stated</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary Cause of Death <i>Edema of Lung (secondary to Soreness of heart (narrow))</i>		How long <i>2 or 3 months</i>	
Immediate Cause of Death <i>Asphyxia</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. W. R. Cunn, M.D.</i>	
		Address <i>Brunswick, Md.</i>	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Andrew Stonesifer* Town *near Emmitsburg* County *Frederick*

Died at *near Emmitsburg*

Date of death *1907* *aug* *9* Age *58* *Years* *1* Months *20* Days

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or ~~Husband~~ *Ellen J. Stonesifer*

Father's Name *Samuel Stonesifer* Father's Birthplace *MD*

Mother's Maiden Name *Don't know* Mother's Birthplace

Name of person giving information *Ellen J. Stonesifer* How related to deceased *Wife*

CAUSES OF DEATH

(41)

Primary *Carcinoma Intestines* How long *8 months*

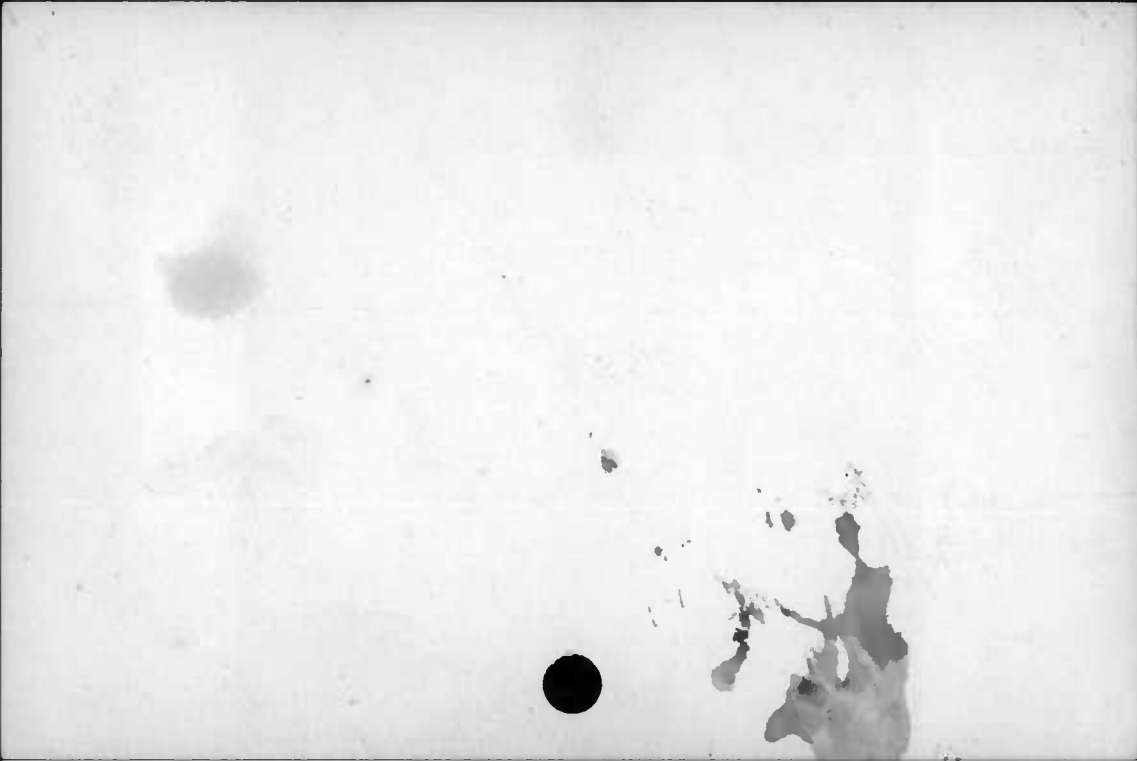
Immediate *Asthenia (General?)* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *B. J. Jameson*

Address *Emmitsburg, Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredensborg</i> <small>Town</small>		<i>Fredensborg</i> <small>County</small>		MARYLAND	
Date of death	1907	Month	8	Day	11
Age		Years	1	Months	—
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>City</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Ludley Straskerger</i>		Father's Birthplace	<i>Liberty County</i>
Mother's Maiden Name		<i>Margaret Fleischman</i>		Mother's Birthplace	<i>City</i>
Name of person giving information		<i>Ludley Straskerger</i>		How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 days</i>
Immediate	<i>Bacteria</i>	How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>A. P. Falmey MD</i>	
		Address	
Accident or Suicide?			



Name
in
Full

Andrew Stumbe

CERTIFICATE OF DEATH

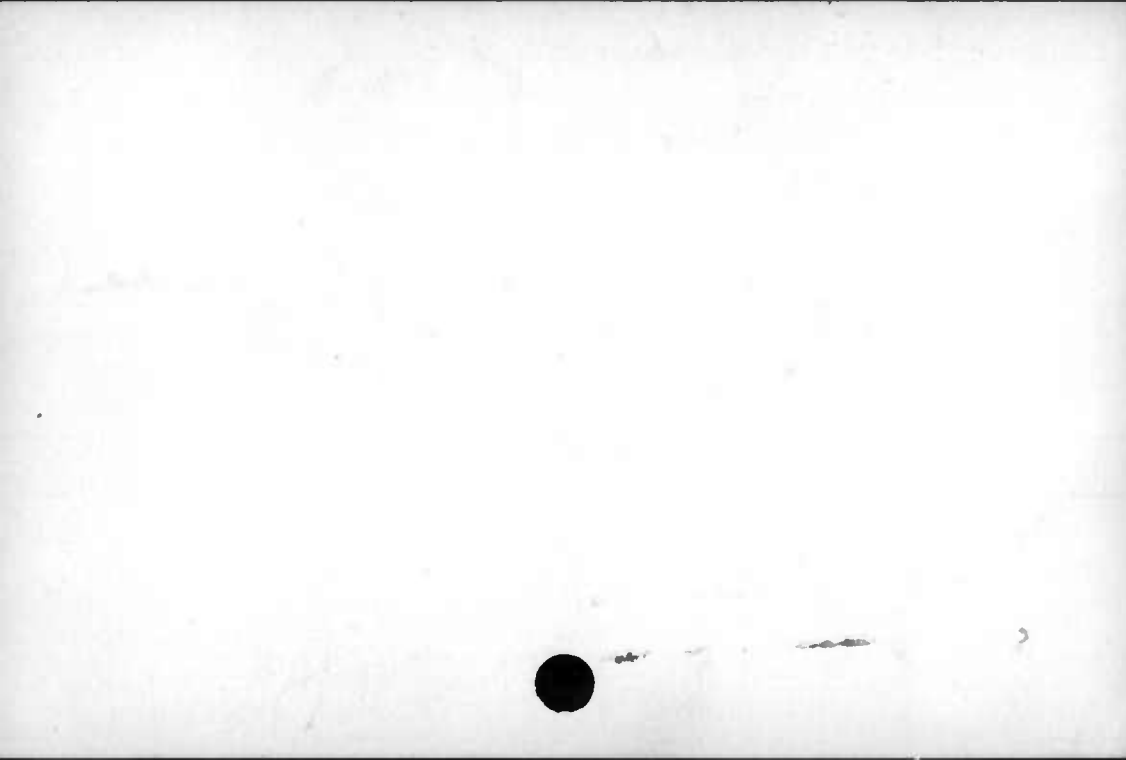
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Urbana</u>		Town		<u>Frederick</u>		County		STATE OF <u>MARYLAND</u>	
Date of death <u>1907</u>		Month <u>August</u>		Day <u>1st</u>		Years <u>67</u>		Month <u>1</u> Days <u>6</u>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Germany</u>					
Occupation <u>farmer</u>				Where Residing if not at place of death					
Married, <u>yes</u>		Name of Wife or <u>Rosalia Stumbe</u>							
Father's Name <u>Adam Stumbe</u>				Father's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>not known</u>				Mother's Birthplace <u>Germany</u>					
Name of person giving information <u>Wife, Mrs Stumbe</u>				How related to deceased <u>Wife</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General debility</u>		(64)	How long
Immediate <u>Cerebral Hemorrhage</u>			How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Benj. C. Perry</u>	
		Address <u>Urbana</u>	
		<u>md.</u>	
Accident or Suicide?			



Name
in
Full

Mary Ann Summers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

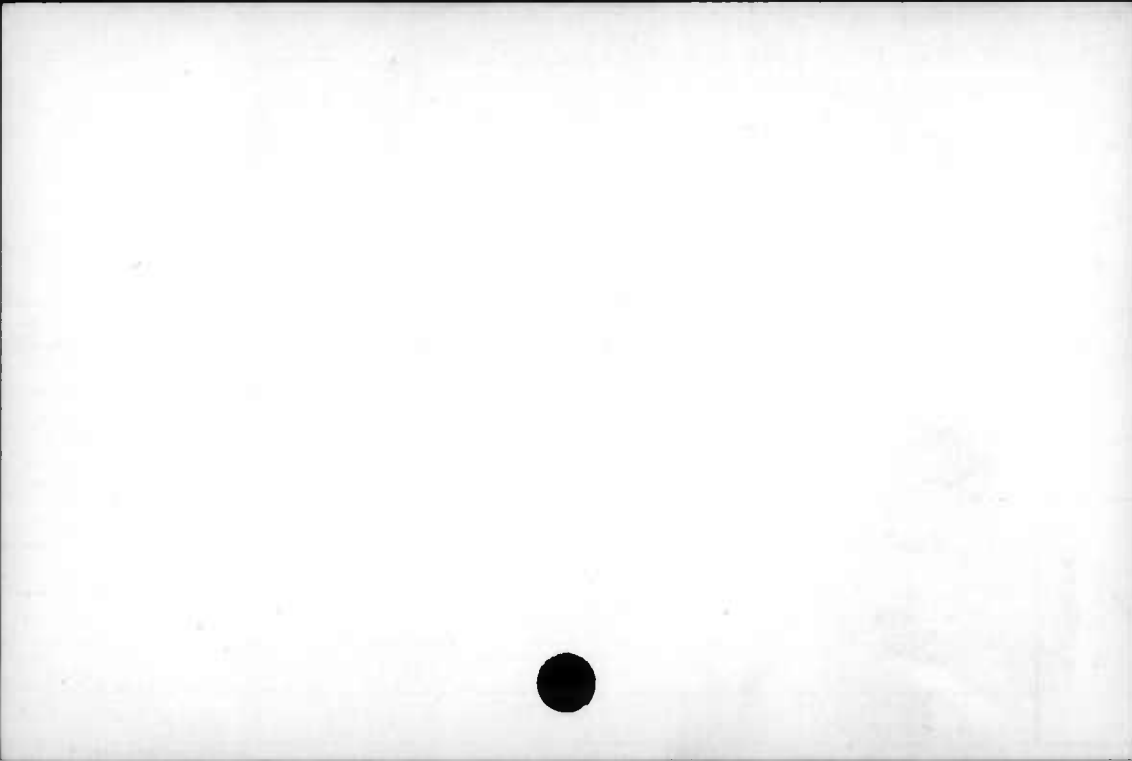
Died at <i>Monticune Hospital</i>		Town <i>Monticune</i>		County <i>Frederick</i>		MAYLAND	
Date of death	<i>1907</i>	Month <i>aug</i>	Day <i>13</i>	Years <i>65</i>	Months <i>—</i>	Days <i>—</i>	
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Talbot Co.</i>
Occupation	<i>Domestic</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Unknown</i>		Name of Wife or Husband	<i>Unknown</i>			
Father's Name	<i>Unknown</i>				Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>				Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Hospital records.</i>				How related to deceased		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Genl. debility</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyman</i>		
	Address <i>Frederick, Md.</i>		
Accident or Suicide?			



Name
in
Full

Calvin A. P. Thomas

No. 14,
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

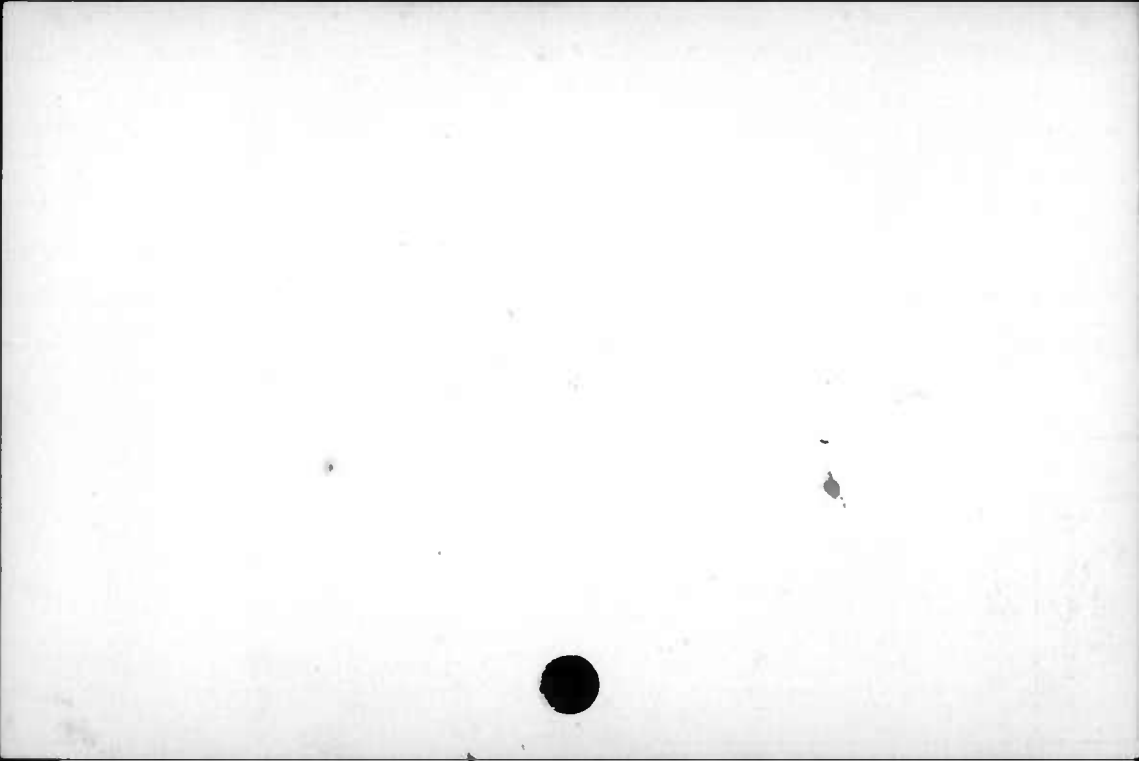
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		8	22	1 yr			
Sex	Male	Color or Race	Colored	Birth-place	Frost Co. Md.		
Occupation	Miner	Where Residing if not at place of death		Father's			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Walter Thomas			Father's Birthplace	Frost Co.		
Mother's Maiden Name	Ida Peach			Mother's Birthplace	Frost Co.		
Name of person giving information	Walter Thomas			How related to deceased	Father		

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	7 days
Immediate	Choking	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. Dorey	
		Address	
		New Market	
Accident or Suicide?		No	



Name
in
Full

Mrs. Emily Valentine.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Haltersville, Md.</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>August</i>	Day <i>22</i>	Age <i>82</i>	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Carroll Co. Md.</i>		
Occupation <i>housewife</i>		Where Residing if not at place of death <i>Haltersville</i>			
Married, Single or Widowed	Name of Widower Husband <i>Josiah Valentine</i>				
Father's Name <i>Jacob Shriver</i>	Father's Birthplace <i>Carroll Co. Md.</i>				
Mother's Maiden Name <i>Catherine Beemer</i>	Mother's Birthplace <i>Washington Md.</i>				
Name of person giving information <i>Martha Zimmerman</i>			How related to deceased <i>daughters</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile debility</i>	1574	How long
Immediate <i>Coliquative diarrhoea & Senile gangrene</i>		How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. Fort</i>	Address <i>Haltersville, Md.</i>
Accident or Suicide?		



Name
in
Full

none

Winebrunner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

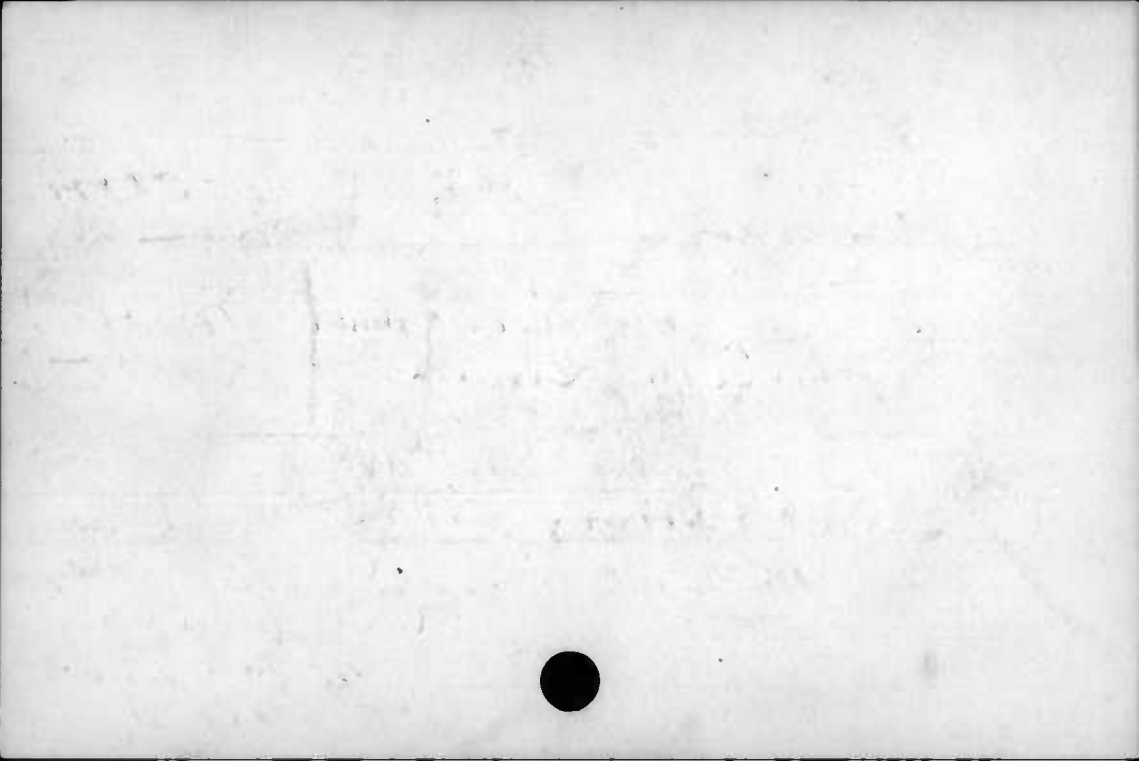
Died at		Town Woodboro		County Frederick		MARYLAND	
Date of death		1907	Month aug	Day 10	Age Shelborn	Years —	Months —
Sex		male		Color or Race white		Birth-place Woodboro	
Occupation		none		Where Residing if not at place of death		none	
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		Harry E. Winebrunner		Father's Birthplace		Woodboro Md	
Mother's Maiden Name		Ann M. Guinness		Mother's Birthplace		Woodboro Md	
Name of person giving information		wife of above		How related to deceased		—	

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary	Unknown	How long	Don't Know
Immediate	Unknown	How long	Don't Know
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. L. Hammond	
		Address Woodboro Md	
Accident or Suicide?			



Name in Full		Annie M. Winebrenner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Woodboro		Frederick		MARYLAND	
	Date of death	1907	Aug	10	Age	37	
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Seamstress		Where Residing if not at place of death	Woodboro Md		
	Married, Single or Widowed	married		Name of Wife or Husband	Harry E. Winebrenner		
	Father's Name	William Grimes		Father's Birthplace	Pleasant Hill		
PHYSICIAN OR CORONER	Mother's Maiden Name	Annie Garber		Mother's Birthplace	Bear Dam		
	Name of person giving information	Miss. Belva Grimes		How related to deceased	Sister		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Pneumonia		136	How long	Four Hours	
	Immediate	Heart Clot.			How long	10 minutes	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	R. L. Hammond	
					Address	Woodboro Md.	
Accident or Suicide?		No					

Infant was still
born (see certificate)
R. L. Hammond

Name
in
Full

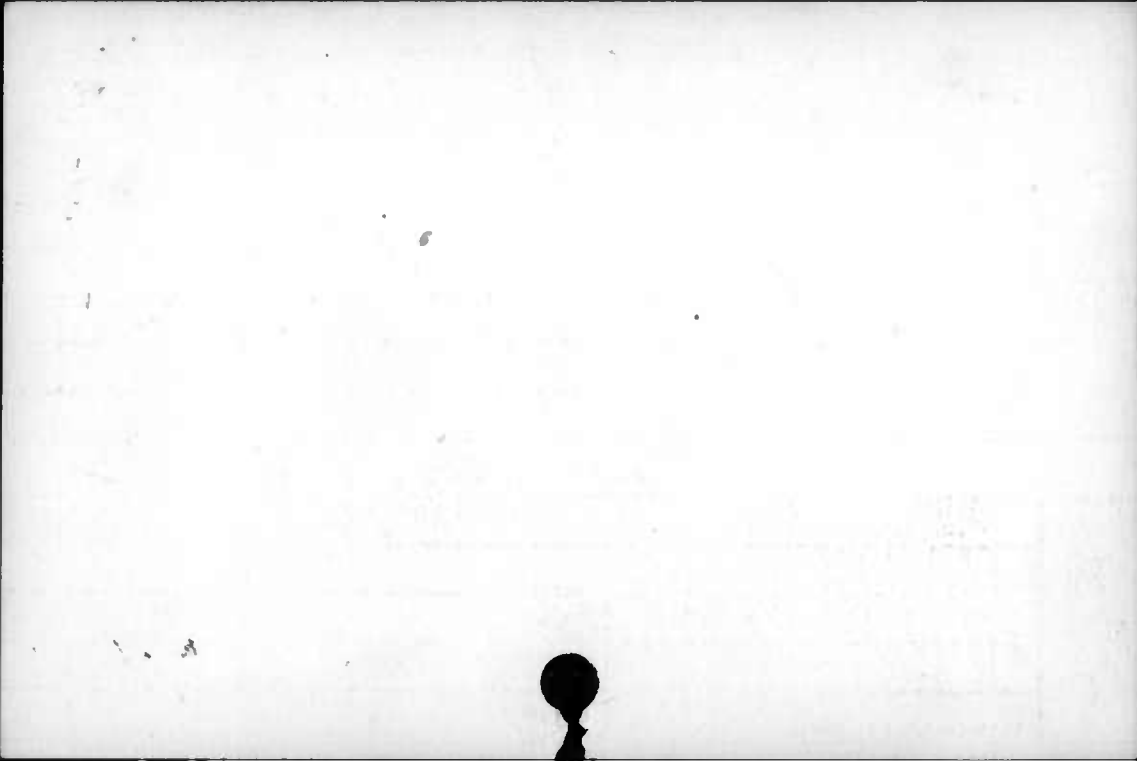
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hannah In. Wisitzky</i>		Town <i>Thurmont</i>		County <i>Fredrick</i>		MARYLAND	
Died at		Month <i>Aug</i>		Day <i>20</i>		Years <i>70</i>	
Date of death <i>1907</i>		Age <i>70</i>		Months <i>4</i>		Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Gettysburg Pa</i>			
Occupation <i>House Wfr.</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>F. L. Wisitzky</i>					
Father's Name <i>Phillip Snieder</i>		Father's Birthplace <i>Prussia</i>					
Mother's Maiden Name <i>Bina Diller</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Laura Wisitzky</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

Primary <i>Dysentery Acute</i>	<i>14</i>	How long <i>one week</i>
Immediate <i>—</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James A. Waters</i>	
	Address <i>Thurmont Md</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Arthur A. Wood		Town Frederick		County Frederick		MARYLAND	
Died at Frederick		Month Aug		Day 29		Years —	
Date of death 1907 Aug 29		Age —		Months 4		Days 20	
Sex Male		Color or Race white		Birth-place Frederick			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Frederick A Wood				Father's Birthplace Leicester, England			
Mother's Maiden Name Lebia Maxwell				Mother's Birthplace Wilmington, Del			
Name of person giving information Frederick A Wood				How related to deceased Father			

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary Pneumonia	How long One week
Immediate Exhaustion	How long One day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. M. Gooden
	Address Frederick, Md.
Accident or Suicide?	

